

IMPROVING HEALTHY BEHAVIORS PROGRAM IN INDIA

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USAID India COTR: Moni Sagar |

Family Health International (FHI 360)

Annual Work Plan Year 3, October 2012-September 2013

Improving Healthy Behaviors Program in India (IHBP)

**Work Plan
October 1, 2012–September 30, 2013**



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Abbreviations and Acronyms

AAP	Annual Action Plan
ACSM	Advocacy, Communication, and Social Mobilization
AIDS	Acquired Immunodeficiency Syndrome
AMP	Award Monitoring Plan
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWP	Annual Work Plan
BCC	Behavior Change Communication
CII	Confederation of Indian Industry
CM	Community Mobilization
CO	Contracting Officer
COR	Contracting Officer's Representative
CRM	Common Review Mission
CTA	Chief Technical Advisor
CTD	Central Tuberculosis Division
DAVP	Directorate of Advertising and Visual Publicity
EAG	Empowered Action Group
EOI	Expression of Interest
FICCI	Federation of Indian Chambers of Commerce and Industry
FP	Family Planning
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GOI	Government of India
HEIO	Health Education and Information Officer
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPPA	Health Partnership Program Agreement
HR	Human Resources
ICDS	Integrated Child Development Services
ICT	Information and Communication Technology
ICTC	Integrated Counseling and Testing Center
IEC	Information, Education, and Communication
IHBP	Improving Healthy Behaviors Program in India
IPC	Interpersonal Communication
IQC	Indefinite Quantity Contract
IR	Intermediate Result
IS	Institutional Strengthening
ITBP	India TB Program
IUCD	Intrauterine Contraceptive Device
JD	Joint Director
JRM	Joint Review Mission
JSSK	<i>Janani Shishu Suraksha Karyakram</i>
KM	Knowledge Management
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MDG	Millennium Development Goal

MH	Maternal Health
MOHFW	Ministry of Health and Family Welfare
MOU	Memorandum of Understanding
MOWCD	Ministry of Women and Child Development
NACO	National AIDS Control Organization
NACP	National AIDS Control Program
NGO	Nongovernmental Organization
NHCRSC	National HIV/AIDS Communication Resource and Support Centre
NIHFW	National Institute of Health and Family Welfare
NIPCCD	National Institute of Public Cooperation and Child Development
NRHM	National Rural Health Mission
NRP	Nutrition Resource Platform
ONA	Organizational Needs Assessment
PCI	Project Concern International
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PIP	Project Implementation Plan
PLHIV	People Living with HIV
POA	Plan of Action
PPP	Public-Private Partnership
Popcouncil	Population Council
PPTCT	Prevention of Parent-to-Child Transmission of HIV
PSI	Population Services International
PSM	Preventive and Social Medicine
RFA	Request for Applications
RFP	Request for Proposals
RH	Reproductive Health
RNTCP	Revised National Tuberculosis Control Program
S&D	Stigma and Discrimination
SACS	State AIDS Control Society
SBCC	Social and Behavior Change Communication
SIHFW	State Institute of Health and Family Welfare
SOW	Scope of Work
STI	Sexually Transmitted Infection
TA	Technical Assistance
TAM	Television Audience Measurement
TB	Tuberculosis
TRP	Target Rating Point
TSU	Technical Support Unit
TVC	TV Commercial
U.S.	United States
UP	Uttar Pradesh
UPSACS	Uttar Pradesh State AIDS Control Society
USAID	U.S. Agency for International Development

I. Introduction

A. Background

In October 2010, the U.S. Agency for International Development (USAID)/India awarded a task order to AED to implement a project called “Behavior Change Communication – Improving Healthy Behaviors Program in India” (BCC-IHBP) for a base period of 3 years with two 1-year options. With FHI’s acquisition of AED in early 2011, the task order was novated to FHI 360 in June 2011. FHI 360 is the prime contractor responsible for management and technical guidance of the project. FHI 360’s subcontractors include the Population Council (Popcouncil), which is responsible for operations research and support to monitoring and evaluation (M&E) activities, and Population Services International (PSI), which supports BCC, mid-media, and interpersonal communication (IPC) activities.

The overall goal and approach of IHBP is to improve adoption of positive healthy behaviors through institutional and human resource capacity building of national-, state-, and district-level institutions. At the time of the task order award, the geographic focus of IHBP at the state level was Uttar Pradesh (UP), where the project was to cover 10 districts. However, with the amendment of USAID’s Health Partnership Program Agreement (HPPA) with the Government of India (GOI) in September 2011, USAID instructed IHBP to focus is technical assistance (TA) at the national level, with support to community mobilization (CM) and IPC activities in selected pilot districts.

Now beginning its third year, IHBP provides TA to develop sustainable national- and state-level institutional capacity to design, deliver, and evaluate strategic evidence-based BCC programs that will:

- Increase knowledge and attitudes of individuals, families, communities, and health providers about health
- Promote an environment where communities and key influencers support positive health behaviors
- Reduce barriers of vulnerable populations, e.g., women, people living with HIV (PLHIV), and tuberculosis (TB) patients, to demand and access health services

The project focuses on four program areas (called program elements in the task order): HIV/AIDS, family planning/reproductive health (FP/RH), TB, and maternal and child health (MCH). As per USAID guidelines, IHBP’s TA focuses on strengthening institutions and human resource capacity for BCC in the Ministry of Health and Family Welfare (MOHFW), the National AIDS Control Organization (NACO), and the MOHFW-affiliated training institution—the National Institute of Health and Family Welfare (NIHFW). IHBP is also supporting limited efforts to strengthen BCC capacity in the Ministry of Women and Child Development (MOWCD) that will improve information and communication activities within its Integrated Child Development Services (ICDS) program.

USAID/India’s Health Results Framework aims to improve the health of target populations and to reduce morbidity and mortality in support of India’s efforts to achieve the Millennium Development Goals (MDGs). USAID’s Assistance Objective in India is to strengthen health systems to address the health needs of vulnerable populations. IHBP will contribute to

achievement of this Assistance Objective, specifically to Intermediate Result (IR) 3, Increased Healthy Behaviors, through four key results:

- **Result 1:** Institutions and capacity strengthened to design, deliver, and evaluate strategic communication at national, state, and district levels
- **Result 2:** Accurate and appropriate knowledge/attitudes increased in individuals, families, communities, and providers at district, state, and national levels
- **Result 3:** Community platforms, organizations, and key individuals (influencers) support improved health behaviors
- **Result 4:** Vulnerable communities empowered to seek health services and products

This narrative describes the annual work plan (AWP) for the project's implementation year, from October 1, 2012 to September 30, 2013, the end of its 3-year base period.

B. Work Plan Overview FY2013

B.1 Year 2 Focus on Technical Assistance and Plans of Action

In Year 2, IHBP focused on demonstration of value-added TA to the proposed national partners: MOHFW (including the Central Tuberculosis Division [CTD] and NACO) and MOWCD. The project developed compilations of "Good Practices for BCC" in FP, Maternal Health (MH), HIV, and TB, and conducted desk reviews of recent research to develop key messages for FP and MH.

IHBP initiated TA with MOHFW to develop an integrated BCC campaign for the FP Division and for the MH Division. The FP campaign will help reposition FP (from limiting to birth spacing), while the MH campaign will promote MH behaviors and support of the government's *Janani Shishu Suraksha Karyakram* (JSSK) scheme for pregnant women for normal deliveries, cesarean operations, and care of sick newborns, which was launched in June 2011. Key messages inform couples of their right to this cash-free scheme and also address prenatal health behavior, such as antenatal checkups and intake of iron supplements. IHBP also conducted an organizational needs assessment (ONA) for BCC for MOHFW's IEC Division and agreed on support to NIHFW as a Center of Excellence for training various categories of information, education, and communication (IEC) personnel on BCC.

IHBP assisted MOWCD to launch and operationalize its Nutrition Resource Platform (NRP) as a Resource Center for all aspects of nutrition, including nutrition education and communication. IHBP also conducted a rapid ONA of MOWCD BCC capabilities.

IHBP also provided assistance to NACO in response to its request to evaluate a cinema ad campaign on sexually transmitted infections (STIs) and to develop an internet campaign on HIV/AIDS prevention targeting the youth.

Most importantly, in Year 2, IHBP developed Plans of Action (POAs) for collaboration with each of its assigned government partners: MOHFW (IEC Division, including NIHFW, the FP Division, and the MH Division); MOHFW, CTD; NACO; and MOWCD.

B.2 Focus Approach for IHBP Work Plan Year 3

The work plan for the period October 1, 2012–September 30, 2013 reflects activities agreed to in the above-mentioned POAs and noted in each individual institution section. The major focus areas will be as follows.

1. *Increased focus on capacity building as well as institution strengthening.*

For MOHFW, IHBP will support revised BCC and M&E training modules and training activities for national, state, and district levels through NIHFW; place consultants in the IEC Division; work with the IEC Division to address results of the 2012 ONA; and provide a “toolkit” for BCC job aids.

For the CTD, IHBP will place consultants; improve the capacity to work with media, through media training and improved media content analysis; and assist in development of an operational handbook for Advocacy, Communication, and Social Mobilization (ACSM).

NACO has requested support for the development and staffing of a technical resource center (the National HIV/AIDS Communication Resource and Support Centre [NHCRSC]) to provide TA to BCC in state AIDS control societies (SACSs) and to serve as a repository for HIV IEC materials. NACO has also requested tools to guide IEC officers in various aspects of BCC programming and assistance in innovations in upcoming HIV campaigns. NACO has also agreed for IHBP support to the Uttar Pradesh State AIDS Control Society (UPSACS) to operationalize its annual action plan.

MOWCD will continue to receive technical support for its NRP.

2. *Increased focus on direct TA to national-level BCC campaigns and strategies.*

IHBP will assist MOHFW to finalize and implement its national-level campaigns for FP and MH. The development of these evidence-based messages and materials for the national and state (11 focus states for FP and 9 focus states for MH) has been based on the “learning by doing” approach to capacity building. This will continue to be the approach for the direct TA for any future campaigns.

IHBP will assist the CTD to develop an urban strategy for ACSM if agreed with CTD that this is necessary.

IHBP will provide direct TA to NACO to develop two national (Hindi) campaigns: one to decrease stigma and discrimination of health providers for PLHIV and a second campaign to protect youth from HIV. Depending on timing, strategy, and planning, a third campaign on integrated counseling and testing services (ICTC) and/or prevention of parent-to-child transmission of HIV (PPTCT) may be developed.

Finally, IHBP must determine with USAID the priority for either an FP subcampaign or a child health-related campaign and whether a migrant HIV campaign will be conducted for selected districts in UP for UPSACS.

3. *Support for better implementation of mass media.* Mass media support is a key element of integrated BCC campaigns, which should also have equally important mid-media and IPC components. The timing, choice of channels, and cost of placement of mass media for the FP and MH campaigns will be in the hands of the MOHFW IEC Division and the state IEC officers. To assist them in more cost-efficient and targeted reach and frequency, IHBP will provide draft media plans for the national and state levels.

4. *Support to states through national-level focus.* IHBP will continue to work at the national level for the MOHFW FP and MH campaigns and in development of the NACO campaigns. However, integrated campaigns require amplification and implementation at the state and district levels. IHBP will work with IEC and NRHM officials in up to four states to encourage implementation and inclusion of the FP and MH activities in the state-level Project Implementation Plans (PIPs) and budgets. IHBP continues to see the need for demonstrating the importance of mid-media and IPC to behavior change targeted by any mass media or multimedia campaign. The project will provide limited support to Community Mobilization (CM) and IPC activities in four blocks in two districts of UP. These activities will be mainly anchored on the national-level BCC campaigns that IHBP is supporting, specifically the FP and MH campaigns.
Finally, through the consultants placed within the NACO IEC Division and the NACO Resource Center, IHBP will provide support to states in the development of their annual action plans (AAPs) and implementation of local activities based on the NACO national campaigns.
5. *Revised evaluation strategy.* IHBP's Award Monitoring Plan (AMP) and concomitant evaluation strategy has been revised. The original plan was to have a baseline and endline within the 3-year base period to determine changes in behaviors as a result of IHBP-supported, but government-led interventions. Actual integrated BCC activities (mass media, mid-media, IPC) are planned for implementation only in 2013 in four blocks of two districts of UP. There will be a baseline for process evaluation and monitoring, but an endline may not be possible. Additionally, the national-level BCC campaigns that IHBP will support entail government implementation of mass media placements, production and distribution of materials, and corresponding training of health workers. Thus, evaluation of IHBP influence on behavior changes due to these campaigns is not possible since IHBP has no control on implementation. For these campaigns, IHBP will conduct recall studies.
6. *Documentation and dissemination of key lessons in BCC.* IHBP is entering its third and last base year. Pending USAID decision regarding an additional year, IHBP will plan for an end-of-project workshop to highlight lessons learned from project activities, including desk reviews, ONAs, and the two operations research activities planned for this year. Documents from the latter activities and monographs for "Good Practices in BCC" for HIV, TB, FP, and MH will be prepared.

II. Project Management

During the period October 2011–September 2012, IHBP was able to firmly establish itself as a technical resource in BCC for the GOI. With two well-developed BCC campaigns for MOHFW, one on FP and one on MH; an auxiliary nurse midwife (ANM) training module in BCC for NIHFW; establishment of a Nutrition Resource Platform for MOWCD; evaluation of a cinema ad campaign for NACO; and placement of a consultant with NACO, among several other key activities for GOI to its credit, IHBP enters the third year of the project poised for a phase of productive activity at national and state levels.

To effectively meet the requests under the POAs with government counterparts and to implement the Year 3 work plan activities in a timely manner, IHBP will need USAID's assistance and timely approval for staff and consultants, especially those placed with the GOI. A task order modification is requested to allow IHBP to focus its efforts more at the national level and to more quickly respond without unduly burdening USAID with frequent requests for approval.

IHBP in Year 3 plans to do the following.

1. *Recruit long-term consultants to support GOI in conducting BCC activities.* See Annex 3 for the list of GOI consultants and scopes of work (SOWs). To effectively discharge its commitments as per the POAs agreed upon with MOHFW, NACO, and MOWCD, IHBP will complete recruitment and placement of consultants as follows:
 - 2 consultants for the NACO IEC Division (1 on board and 1 in process)
 - 11 consultants for the NACO NHCRSC (in recruitment)
 - 2 consultants for CTD – ACSM Strategic Planning and Capacity Building
 - 4 BCC consultants for MOHFW IEC Division (2 in process)
 - 1 BCC consultant for NIHFW
 - 2 consultants for MOWCD (NRP) (2 on board)

In addition to the above, pending NACO approval of the UPSACS TA plan for IHBP, one BCC consultant may be placed with UPSACS in Lucknow to help design and implement BCC activities for the action plan for FY2012–13.

2. *Procure services of research, creative, and technical agencies to assist IHBP.* To enable high-quality and timely program deliverables simultaneously to MOHFW, CTD, and NACO, IHBP plans to outsource specialized assistance. IHBP is currently working with one ad agency (Partners) to complete materials for the FP and MH campaigns. Given below is a list of requests for proposals (RFPs) announced by IHBP in the last quarter of Year 2 where the agency selection and contracting has been completed or is in the final stages:
 - a. *Agency(ies) to develop draft media plans for FP and MH campaigns*
 - b. *Agency for turnkey solutions and development of technology-based innovations, including mobile applications*
 - c. *Agency for media content analysis on TB*
 - d. *Agency for media training for CTD*
 - e. *Agency for digitalization, classification, and cataloguing of e-resources for NHCRSC*

- f. *Ad agency for NACO using an indefinite quantity contract (IQC).* To enable timely assistance to NACO for a wider range of BCC needs, including design of communication campaigns and production of BCC materials, IHBP will hire the services of an ad agency on an IQC.
- g. *Research agency on an IQC to assist IHBP.* Considering the large number of research studies planned during October 2012–September 2013, IHBP plans to hire the services of a research agency on an IQC, thereby avoiding the long processes required in bidding for every individual research activity. The selected research agency will undertake, as necessary, planned baseline and endline studies; pretests of BCC materials, products, and prototypes; recall studies; and qualitative research. For current pretest activities, IHBP has a contract with a local research firm that will complete the pretesting of the MH print materials.

It is to be noted that the above listed RFPs relate to the current requirements of the project for external assistance and expertise. IHBP has identified in the work plan additional needs that will require enrollment of more agencies.

3. *Approve work plans and budget for July 2012–July 2013 for Popcouncil and PSI; sign a new subcontract and approve a work plan and budget with Project Concern International (PCI).* Based on activities proposed in this work plan and an earlier (July 2012) draft, IHBP will revise the SOWs of its partner agencies Popcouncil and PSI. See Annex 2. These basic SOWs are:
 - a. *Popcouncil* – Will place one M&E Specialist with IHBP New Delhi (from July 2012); conduct two operations research activities on CM through self-help groups and male involvement on FP/MH through mobile phones; develop a module on M&E for BCC for NIHFV; and conduct training of trainers and cascade trainings.
 - b. *PSI* – Will place one BCC Specialist with IHBP New Delhi (from July 2012); conduct a desk review and, if requested, formative research, to probe barriers and facilitators to early diagnosis and continued treatment of TB in urban areas; provide assistance to develop an urban ACSM TB strategy; and develop and test a mobile application for private providers for urban TB activities.
 - c. *PCI* – Will be responsible for guiding CM and IPC activities in the four pilot blocks through one M&E specialist and one Training Coordinator for each of 4 blocks.

Aside from these basic SOWs, these partners will participate in project planning and review meetings and provide TA to specific BCC activities, as necessary.

4. *Recruitment for vacant staff positions in New Delhi and supplementation with short- and long-term consultants.* The year 2011–12 saw considerable activity for IHBP on the staff front. Key positions in which new candidates replaced the outgoing are: Chief of Party, Procurement Manager, Director Admin and Finance, BCC Specialist, M&E specialist (seconded by Popcouncil), BCC Specialist (seconded by PSI), and Chief Technical Advisor (CTA) M&E. The position of Leveraging Advisor was also filled.

Vacant positions to be filled as soon as possible through personnel agency recruitment, Internet posting, or networking are the following:

- Deputy Chief of Party
- CTA Institutional Strengthening
- Social and Behavior Change Communication (SBCC) Specialist (one, plus one new proposed position)
- Knowledge Management Specialist
- Training Specialist (new proposed staff position)

IHBP will also require the short- and long-term services of consultants to complete the work plan activities with the required technical expertise. Currently active local consultants include Hindi and English technical editors, a TB ACSM consultant, and a trainer/module developer for NIHF training (in process). Other proposed consultants will be: two consultants for IHBP (one each for BCC and Training Materials) and local consultants specified for specific short-term tasks in the work plan for MOHFW and NACO. Headquarters short-term TA/international expertise for M&E, knowledge management (KM), leveraging, technical areas, training, BCC, and ICT as specified in the work plan budget and others will be proposed on an as-needed basis and agreed to with USAID.

5. *Procure computers for GOI consultants and staff.* IHBP plans to procure computers and small equipment as required for new staff as well as for consultants to be seconded to government, as necessary. Office equipment and furnishings are also proposed for the NACO resource center. The planned procurement of two vehicles (one for Delhi and one for UP) will no longer be pursued, since the project can operate with hired vehicles.
6. *Orient new IHBP staff and consultants and conduct regular online training on USAID FP guidelines.* As staff are recruited, FHI 360 will orient them on its own and USAID's procedures and processes. IHBP will ensure that all new staff complete the mandatory online USAID FP training and that existing staff complete the required yearly refresher trainings. IHBP will also conduct an orientation and a minimum of quarterly review meetings with GOI-placed consultants.
7. *Conduct regular project progress meetings.* IHBP will organize regular progress meetings with key FHI 360 and subcontractor staff and USAID to review progress of activities. Meetings are planned on a semiannual basis at the national level starting in Quarter 3. If required, field visits may also be included during these meetings.
8. *Conduct semiannual performance meetings.* IHBP will meet with USAID on a semiannual basis (at the end of Quarter 2 and at the beginning of last month of Quarter 4) to discuss progress of activities during the preceding 6 months and plans for the succeeding 6 months.
9. *Prepare quarterly progress reports, annual reports, and final project report (if option year not exercised) for the base period.* IHBP will prepare these reports as required by the task order. This includes reporting on the United States President's Emergency

Plan for AIDS Relief (PEPFAR), USAID indicator reporting, leveraging, and TraiNet reports.

10. *IHBP activities in UP.* Following discussions with USAID, MOHFW, and NACO, two sets of activities are now being proposed for implementation in UP during October 2012–September 2013:

- IHBP technical support to UPSACS for BCC
 - Grants in CM and IPC to support the IHBP-designed FP and MH campaigns by GOI for CM and IPC in Sitapur and Hardoi Districts
- a. *IHBP technical support to UPSACS.* The IEC Division at UPSACS is functioning with only one key staff: the Joint Director (JD), IEC. IHBP proposes to hire and place a full-time consultant at UPSACS to assist the JD, IEC, in implementation of the AAP, pending NACO concurrence.
- b. *CM and IPC for FP and MH in pilot districts through Grants.* In line with its 360-degree approach to communication, IHBP will establish village-level pilots that will reinforce the BCC messages of the FP and MH mass media campaigns through direct CM and IPC. IHBP will fund local nongovernmental organizations (NGOs) through small grants. Applicant NGOs responding to the IHBP's Expression of Interest (EOI) and then Request for Applications (RFA) will be encouraged to submit proposals that leverage on existing platforms and networks at the community level and that propose a cost-effective and scalable mix of select field activities.

The IHBP grants program for FP and MH is detailed under the work plan section on MOHFW. Grants will be implemented by IHBP in two select districts of UP—Sitapur and Hardoi—and will cover two select blocks from each of the two districts with approx. 50,000 population per block.

Grants will begin in the March–April 2013 time frame and will continue for a period of approximately 6 months. It is envisaged that there may potential for an extension of the grants period based on availability of funding and program and financial performance of the grantees.

- c. *IHBP staffing plan for UP.* The staff structure proposed for IHBP UP from October 2012 to September 2013 is as follows:
- Project Director; CM Specialist; Manager, Admin and Finance; Office Manager; Finance Officer; Clerk
 - Possible addition of local SBCC specialist (consultant) to assist with UPSACS activities and to follow up with UP state level for FP and MH PIPs
- d. *Shift of IHBP Lucknow office to another location.* Since July 2011, the IHBP office in Lucknow has been functioning from the business center of a city hotel. Due to the suspension of activities in UP and the uncertainty of state-level activities, IHBP was unable establish a more functional office in Lucknow. However, for work with UPSACS and coordination required with government counterparts and grants in pilot blocks, IHBP will establish a functional office from December 2012 to September 2013 after approval of the work plan.

MILESTONES AND WORK PLAN FOR IHBP: October 1, 2012–SEPTEMBER 30, 2013

Project Management/Operations

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months												Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
1	Recruit long-term consultants to support GOI BCC activities – MOHFW, CTD, NACO, MOWCD, UPSACS				Consultants hired and in place														
2a-g	Procure services of research, creative, and technical agencies to assist IHBP				Agencies on board and commence work for IHBP														
	Agency(ies) for developing media plans for FP & MH Campaigns																		
	Agency for turnkey solution and development of technology based innovations including mobile applications																		
	Agency hired for media content analysis on TB																		
	Agency for digitalization, classification, and cataloguing of e-resources for NHCRSC																		
	Ad agency for NACO on an IQC																		CO approval required
	Research agency on a IQC to assist IHBP																		CO approval required
	Hire agency(ies) as needed for additional communication activities for MOHFW, NACO																		Need based hiring
3a-b	Approve AWP required under the subcontracts of Popcouncil and PSI				PSI and Popcouncil start work as per revised work plans														Need work plan approval prior from COR and CO release of order to not approve work plan
3c	Sign subcontract with PCI				Sign Subcontract and finalize annual work plan and budget														Need work plan approval prior from COR and CO release of order to not to sign subcontract or approve work plan

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months												Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
4	Recruitment of all vacant staff positions in New Delhi				Staff in place to implement project activities														Vacant positions of Deputy Chief of Party, CTA Institutional Strengthening (IS), SBCC Specialist and KM Advisor to be filled with approvals as required
4.a	Recruitment for consultant positions to assist staff long and short term																		Beginning of work plan year and as needed
5	Procure computers, office equipment/furnishing for GOI consultants and staff																		One per staff and GOI consultant
6	Conduct orientation meetings for new staff and regular online training on FP policy guidelines; conduct minimum quarterly meetings for GOI consultants				All new staff oriented within one month of joining ; GOI consultants kept updated to IHBP objectives														Ongoing process
7	Conduct semiannual project progress meetings (FHI 360, subcontractors, USAID) to review national, state, and district activities																		
8	Conduct semiannual performance meetings with USAID				USAID updated on IHBP progress														
9	Prepare quarterly progress reports, annual reports, and project final report for base period				Reports prepared and submitted on time														Includes reporting on PEPFAR, USAID indicator reporting, leveraging, and TraiNet reports
10 a	IHBP technical support to UPSACS				BCC consultant placed in UPSACS pending NACO approval	1													Technical support to be provided to UPSACS as per NACO approval and detailed in work plan section on NACO

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months												Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
10 b	CM and IPC for FP and MH in pilot districts through grants, starting with EOI release in November 2012				Grants selection process complete and grantees commence field activities														Grant activity timelines detailed in work plan section on MOHFW
10 c	Recruit staff for UP and revise job descriptions of existing staff as per program needs				Staff in place to work with UPSACS and on grants														FHI 360 state program team will comprise of Project Director (UP) and CM Specialist in addition to the Finance Manager, Finance Officer, and Office Manager
10 d	Shift of IHBP Lucknow office to another location				IHBP functioning in new office location														

III. Work Plan: October 1, 2012–September 30, 2013: Ministry of Health and Family Welfare

A. Background/Introduction

In 2005, MOHFW launched a 7-year flagship program called the National Rural Health Mission (NRHM) to strengthen the country's public health care delivery system. BCC ("IEC" in NRHM's parlance) is considered an integral part of the NRHM's mission, vital for persuading a range of stakeholders to change their attitudes and behaviors and to create an increase in demand for services and improved quality of care.

A 2008 UNICEF-supported study indicated that while the IEC Division of MOHFW conducts an "impressive range of activities," around 90 percent of its budget outlay (2006–07) pays for activities of the Ministry of Information and Broadcasting, along with television and radio time, with high priority given to the branding of NRHM. The study acknowledged MOHFW's efforts to improve thematic campaigns and distribution of audio, video, and print materials to various audience groups at the state level. The UNICEF study also suggested the need for a national-level BCC strategy along with a monitoring plan for IEC/BCC activities. In addition, the latest findings of the Common Review Mission (CRM), Round 4, and the Joint Review Mission (JRM), Round 7, acknowledge that there is a need to strengthen capacity within the IEC Division. One key recommendation of the JRM, Round 7, is to consolidate the IEC portfolio for better planning and achieving economies of scale, considering that MOHFW considers the IEC Division as planner and coordinator for BCC activities among various divisions within the ministry.

The aforementioned studies also recommended that the IEC Division finalize the proposed structure, staffing, and terms of reference for the BCC Technical Support Unit and develop strategic media plans and a capacity building plan for its national- and state-level staff.

This section describes IHBP planned activities and results for Year 3/FY13 to achieve institution strengthening and capacity building for MOHFW. In the original proposal approved by USAID, institution strengthening was the core of the IHBP approach. The vision is to strengthen MOHFW's IEC Division and other program divisions for BCC and, based on increasingly strengthened capacities, BCC activities at the national, state, and district levels (strategic planning, development of communication materials, mid-media, and IPC) would be implemented by these agencies with TA from IHBP.

B. IHBP Support for October 2012–September 2013

In line with IHBP's mandate to strengthen institutional and human resource capacity of MOHFW for designing, delivering, and evaluating BCC programs and to provide TA to planning and implementing BCC integrated strategic plans, the IHBP-proposed technical support to the IEC Division consists of the following key activities.

- *Establishment of a BCC Technical Support Unit within the IEC Division* for assistance in improving the management and coordination of IEC/BCC interventions within MOHFW. IHBP will place four consultants in the IEC Division by January 2013 to support planning, implementation, and M&E of BCC activities at the national level. IHBP will also present the findings of the ONA to MOHFW and USAID.

- *Development of NIHFW as a Center of Excellence* to meet the training needs in BCC for various cadres of MOHFW staff at the national and state levels. These will include IEC officers, program managers, and health workers, such as ANMs and accredited social health activists (ASHAs). IHBP will also support NIHFW in assessment of the Public Health Museum to identify resources needed to set up a BCC resource center in NIHFW.
 - *Theme-based TA on BCC for FP, MH and child health*
 - ♦ Support for rollout and implementation of the integrated SBCC campaign to reposition FP to designated states. Overall strategy and prototype materials for this campaign have been developed or in final revision. IHBP will provide TA to UP and three selected states to implement the FP repositioning campaign with local mass media, mid-media, and IPC, including provision of draft campaign media plans
 - ♦ Support for rollout and implementation of integrated SBCC campaign for MH to designated states. Overall strategy and prototype materials have been developed and have been finalized or are in final stages of testing. IHBP will provide TA to UP and three selected states to implement the MH campaign with local mass media, mid-media, and IPC, including provision of draft campaign media plans
 - ♦ If requested by MOHFW, IHBP may support one subcampaign on delaying early marriage. A subcampaign, designed at the national level, would strengthen both the FP and MH campaign agendas. Its messages could be reinforced along with either of the two key campaigns seamlessly. IHBP foresees a limited mass media engagement for the subcampaign, with extensive mid-media and IPC support.
- or*
- ♦ Support for initial design and development of a BCC campaign for a child health may be undertaken, pending MOHFW request, USAID approval, and sufficient budget.
- *Develop BCC Resource Toolkit.* IHBP will develop a BCC Resource Toolkit for use by IEC officers at national and state levels. This toolkit will comprise “how-to” guides, job aids, and materials on various aspects of BCC programming. A special section on human resource (HR) strengthening that succinctly explains job descriptions and supportive supervision techniques will be included. IHBP will assist the national IEC Division in orientation of IEC officers on the BCC Resource Toolkit. This will be done through a national-level workshop for the states assigned for FP and MH campaigns.

These activities are discussed in the following sections under IHBP’s four IRs.

IR 1: Capacity Strengthened to Design, Deliver, and Evaluate Strategic Communication at National and State Levels

1.1 Outcome 1: Organizational structure, management systems and processes, and human resource for SBCC strengthened at national and state levels

1.1.1 Share rapid organizational needs assessment findings and recommendations

In May 2012, with the full support of the Joint Secretary, IEC, IHBP initiated work on a rapid ONA. The goals of the ONA were to update findings of previous evaluations conducted on BCC capacity, e.g., UNICEF's 2008 study, CRMs, and JRMs; to determine actions taken regarding recommendations of these evaluations; and to identify feasible recommendations (previous or new ones) that the IEC Division could institute to strengthen its role in BCC planning, management, and evaluation in MOHFW. The rapid ONA consisted of a desk review of previous evaluations undertaken and interviews of key IEC Division and program division officials at the national level, NIHFW officials, and key IEC officials in three states—UP, Rajasthan, and Orissa. A draft executive summary report on findings and recommendations has been shared with the IEC Division. In November 2012, IHBP will share the full report with the IEC Division and present the findings and recommendations, with focus on IHBP's TA to MOHFW.

1.1.2 Place four BCC consultants in the IEC Division and provide one short-term consultant to NIHFW

To activate the Technical Support Unit (TSU) as recommended by previous evaluations, IHBP will recruit, place, and orient four consultants in the IEC Division. These consultants will constitute the TSU to undertake functions of BCC strategic planning and coordination, media management, training/capacity building, and M&E as agreed with the IEC Division and outlined below.

1. *Consultant (BCC capacity building).* Consultant will be responsible for assisting the IEC Division coordinate capacity building activities with NIHFW, program divisions, and development partners. He/she will lead planning and management of all capacity building in BCC for MOHFW, including providing assistance in setting up a BCC resource center.
2. *Consultant (BCC planning and coordination).* Consultant will provide assistance in designing BCC strategy and campaigns. He/she will assist the IEC Division in coordinating with program divisions and development partners in developing campaign messages, provide creative guidance to the creative agencies for campaign materials, and assist in supervising quality of BCC products (audio-visual, print, software, etc.).
3. *Consultant (media management).* Consultant will coordinate with media buying agencies and media analysis firms on a regular basis to get target rating point (TRP) ratings, television audience measurement (TAM) scores, and circulation figures for various periodicals and programs. He/she will support the IEC Division in assessing the suitability of media, programs, and timings for specific campaign materials and will provide guidance to the Directorate of Advertising and Visual Publicity (DAVP) for placement of audio-visual and print products.
4. *Consultant (BCC M&E).* Consultant will assist the IEC Division in planning, implementing, and managing evaluation of mass media, mid-media, and IPC

campaigns. His/her SOW will include coordinating with program divisions, development partners, and data collection agencies in determining terms of reference for evaluations, ensuring high-quality data collection tools, reviewing evaluation reports, and sharing with relevant stakeholders in the ministry.

The BCC capacity building consultant and the BCC planning and coordination consultant will be placed in the IEC Division in late November 2012. The positions of other two consultants have been advertised. The shortlisted candidates will be shared with the IEC Division in early December 2012 for personal interviews and will be placed by late December.

5. *Consultant at NIHFW.* Consultant for assessment of the Public Health Museum will be placed at NIHFW from February 2013 to April 2013. The consultant is expected to support NIHFW in identification of resources needed to set up a resource center and to support NIHFW in a dissemination meeting and in planning a detailed activity plan for setting up BCC resource center.

1.1.3 Assist in establishing Resource Center

Assessment of the Public Health Museum at NIHFW to identify resources needed to set up BCC Resource Center. The Public Health Museum at NIHFW is aimed at preserving the nation's history in public health and records. The museum serves as a resource to the community, educating and promoting public health initiatives that address current health issues. The main objective of the Public Health Museum is "to inform people about the issues related to Public health in India, spread the knowledge and to sensitize people (School children, layman, and participants of different training institutes in Health and Family Welfare and professionals)."¹

A BCC Resource Center is envisioned as a media resource center, a communication professionals' resource pool, an evidence-based research repository, the source of tested communication management tools to plan integrated campaigns, and a communication capacity building hub for all staff at national and state levels. IHBP will provide technical support in assessment of the Public Health Museum to set up a BCC Resource Center from January 2013 to March 2013. This will include assessing the need and requirements for components of operationalization, digitization of content, classification and cataloguing of content, development of a physical library, design and development of a digital library and information portal, and initial subscription to journals (online and physical). The assessment results will be shared with NIHFW.

1.2 Outcome 2: SBCC training developed and conducted for improved competencies at national, state, and district levels in evidence-based SBCC

1.2.1 Develop capacity building plan for the IEC Officers at National, State and District level with NIHFW

IHBP will support NIHFW in developing a capacity building plan for IEC officers at national, state, and district levels in BCC planning, implementation, and M&E. The IEC Division and NIHFW officials will be involved in development of this plan. The NIHFW capacity building plan will be in line with the goal of developing this institute as a Center of

¹ <http://www.nihfw.org/public%20Health%20Museum.html>.

Excellence for BCC capacity building of various categories of IEC/BCC personnel. The trainings described in the succeeding sections are training courses that will eventually be offered by NIHFW as the Center of Excellence. IHBP has signed a memorandum of understanding (MOU) with NIHFW for capacity building activities, including module development on SBCC, training of trainers, and four regional-level capacity building workshops for IEC officers. Capacity building activities on SBCC are mentioned in the sections below.

1.2.2 Develop/adapt modules and training materials on SBCC

The initial report on rapid ONA confirms the lack of training of IEC Division officials on BCC at the national and state levels. To help institutionalize training and retraining of IEC and program division staff, IHBP will assist in developing standardized training courses for specific categories of IEC personnel at the national, state, and district levels. This activity will start with development or adaptation of training modules and materials. The SBCC modules will cover vital aspects of health communication planning and implementation, including understanding the situation, focusing and designing, creating, implementing, M&E, and replanning. The following modules and corresponding training materials will be developed.

- a. *Half-day orientation module for senior government officials.* This will be an overview of the SBCC approach relevant to the Indian health context and will aim to raise understanding and appreciation of senior IEC and program officials at national and state levels on BCC. This module will comprise basics of BCC components to be used in program planning, implementation, and monitoring. The orientation is scheduled to be held in March 2013.
- b. *Module for ANMs and ASHAs on CM and IPC.* This activity is being conducted in collaboration with NIHFW. The draft module has been pretested among ANMs in Delhi in two pilot trainings dated July 17–19 and July 22–25, 2012. The development of the ANM training module involved a review of communication training modules available in the public domain and was based on the quick needs assessment done with ANMs of Delhi. The 3-day training module focuses on IPC, advocacy, social mobilization, and development of a communication action plan. The draft module will be edited and shared with NIHFW in March 2013 in order to coordinate with MOHFW on a BCC training plan for ANMs across the country. The ASHA module will be adapted following a similar process.
- c. *Five-day training course for national, state, and district IEC officers on SBCC.* This course will be offered by NIHFW for IEC officers at various levels. This will strengthen skills in strategic planning of integrated BCC programs for health, managing BCC activities, and M&E. It will also include an overview of effective mass media planning and CM approaches. NIHFW, in collaboration with IHBP, will work to adapt/modify the existing training module on SBCC. The module would consist of orientation on SBCC; situation and context analysis; planning and management of multimedia BCC health campaigns; overview of strategy development, including the process of communication material development; development of creative briefs; pretesting; development of monitoring tools; design of impact evaluation of BCC activities; and development of the role of IEC officers as

BCC managers. The modules will be developed for a 5-day training schedule consisting of facilitator guide for trainers and handbook for trainees.

- d. *Training manual for M&E of BCC for state and district M&E officers.* IHBP subcontractor Popcouncil will lead this activity. As M&E of the health program is conducted by the Department of Statistics in MOHFW and State Monitoring Cells in the state(s), IHBP will develop a 2-day training course for officers from the Department of Statistics, State Monitoring Cells, State Institute of Health and Family Welfare (SIHFW), and Preventive and Social Medicine (PSM) Departments of medical colleges of selected states. Completion of the manual is expected by February 2013. The course will include development of BCC indicators (outcome, output, process, and input), monitoring of BCC indicators for FP and MH, integration of BCC monitoring in the current health management information system (HMIS), and use of data for decision making.

1.2.3 Develop BCC Resource Toolkit

As specifically requested by MOHFW, IHBP will develop a toolkit for use by IEC officers at state and district levels. The need for job aids and job descriptions for various levels of communication officers, from national to block level, and strategic communication templates for planning, implementation, and M&E of communication activities at the field level has been expressed in earlier assessment reports and meetings with MOHFW officials.

This BCC Resource Toolkit will comprise “how-to” guides, job aids, and materials on various aspects of BCC programming. It shall have two broad sections, one on strategic communication planning and implementation for managers, including checklists for each stage of the process and guidelines for best practices for each of these steps and one on “how-to” guides for various activities related to SBCC, such as procuring creative services, adapting materials, translating to regional languages, pretesting, reporting results to your community, coordinating with community groups, and using local media to get your message out. IHBP will assist the national IEC Division in orientation of IEC officers on the BCC Resource Toolkit through a national-level workshop.

IHBP envisions this toolkit to evolve into a valuable resource guide for IEC personnel. The toolkit will help its users add value to their daily tasks and will also serve as a ready reckoner that guides IEC officers through the BCC approach. Hence, the toolkit will be developed only after detailed discussions with MOHFW officials. Both a local consultant and an international consultant will contribute to the conceptualization and finalization of the toolkit.

1.2.4 Conduct orientations and training of trainers on training courses

After completion of module development, IHBP will support orientations and training of government master trainers on the above-referenced courses as follows.

- a. *Half-day orientations for senior government officials at the national level.* This is planned for relevant program officials and consultants of MRHM program divisions by March 2013.
- b. *Training of master trainers on the 5-day SBCC training course.* NIHFW and IHBP will train 20 master trainers on the SBCC module for IEC officers. The master

trainers will come from NIHFW, SIHFW, and MOHFW. This training will use the 5-day module described above, which is expected to be completed by January 2013.

- c. *Five-day training of selected national and state IEC officers.* Approximately 100 officials from the national and state levels will be trained by the previously trained master trainers from NIHFW. The training series will be planned in January 2013 after the master training. Four regional-level capacity building workshops on SBCC will be organized by NIHFW in collaboration with IHBP. NIHFW will act as nodal center for organizing these trainings across the four regions of the country. The participants will include state and district-level IEC officers/consultants. Each of the trainings will train approximately 20 participants. NIHFW will organize four trainings at the regional level in the fiscal year 2012–13 across the country. The 5-day BCC training module mentioned above will be used for the training. NIHFW will integrate this as a regular event in NIHFW training calendar and coordinate with MOHFW so that it will be an integral part of AAPs.
- d. *Orientations of key national and state IEC officers on the BCC Resource Toolkit.* IHBP will support orientations of key officers on the BCC toolkit. This will be conducted in July–August 2013 with the IEC Division.
- e. *Training of trainers in BCC M&E.* Popcouncil will lead this activity. A total of 25 master trainers at the national and state levels will be trained using the manual that has been developed for this purpose. Popcouncil will undertake a national-level training with NIHFW for two staff from the Department of Statistics, MOHFW, and from SIHFW, State Monitoring Cell, and PSM Department of medical colleges from each of the four selected NRHM priority states. This will be conducted in March 2013.
- f. *Training of officials on BCC campaign-specific M&E.* Popcouncil will lead this activity. A total of 25 officials representing the national level, the FP repositioning campaign and MH campaign states, and two IHBP pilot districts of UP will be trained on BCC M&E by Popcouncil. This will be conducted in March–April 2013.

IR 2: Accurate and Appropriate Knowledge, Attitudes Increased among Individuals, Families, Communities, and Providers at National, State, and District Levels

2.1 Outcome 1: Evidence-based strategic plan and campaigns developed for FP/RH and MCH

2.1.1 Gather evidence for developing strategic SBCC plans and campaigns and specific BCC interventions

IHBP supported secondary reviews of BCC best practices on FP and MH and, through our subcontractor PSI conducted desk reviews of community platforms and incentive schemes. In November 2012, IHBP will summarize findings from these reports into a monograph series for dissemination by February/March 2013.

2.1.2 Assist in updating BCC strategies or developing new strategies

This work plan period will focus on three potential aspects in campaign strategy development:

1. Strategic design of one subcampaign (national level) for FP

2. Strategic design of CM and IPC activities for implementing and rolling out the second phase of the FP and MH campaigns (UP and three select states for each campaign). In UP, the activities for MH and FP will be facilitated via grants in the districts of Sitapur and Hardoi.

The direct TA for campaign development would be on *one* of the following:

- A subcampaign on delaying early marriage. This subcampaign, designed at the national level, would strengthen both the FP and MH campaign agendas. Its messages could be reinforced along with either of the two existing key campaigns seamlessly. There would be limited mass media engagement for the subcampaign, with extensive mid-media and IPC support materials.
 - A campaign on child health for MOHFW.
3. The project shall support, if requested, the *design* of strategic BCC framework for a Child Health campaign during the work plan period.

2.1.3 Assist in developing Annual Action Plans and Project Implementation Plans

IHBP will support the IEC Division to provide TA to states in developing AAPs and PIPs on the FP and MH component in IEC/BCC plans. A more effective mix of media channels (mass media, mid-media, and IPC) and improvement in M&E of BCC activities is envisioned.

2.1.4 Develop draft campaign media plans for MH and FP campaign states

At the request of both the FP and MH Divisions, IHBP has hired a professional media planning agency to develop draft media plans for rolling out the FP and MH campaigns at the national and state levels (in each of the campaign states). The agency has been selected and contracted for media plans. The various plans will be submitted by December 2012. These draft plans will be designed around variable budget and frequency scenarios, so that MOHFW and the campaign states have options as per the budget available in the current financial year and can also use the template for planning the campaign rollout in the next fiscal year.

2.1.5 Gather new evidence through operations research

- a. *Operations research on effectiveness of self-help groups for CM.* Popcouncil will lead this research, which will be conducted in a different district from that of the IHBP pilot districts, from January 2013 to May 2013. The idea of doing the operations research with self-help groups is to superimpose the component of health onto currently ongoing activities (microfinance and women empowerment) to disseminate the information. Data show that health workers are currently covering only 40–50 percent of the total population in the village and Scheduled Castes/ Scheduled Tribes/minority groups are deprived of information and services. Dissemination of information (through IPC) by self-help groups may change the behavior in the long run and also reach the underserved population.
- b. *Operations research on male involvement in FP/MH through use of mobile phones.* Popcouncil will lead this activity, which will be conducted in the IHBP pilot districts, from January 2013 to May 2013 in a block where the IHBP grants are not active. IHBP will seek leveraging from private mobile operators and approach them to

provide mass messages to the targeted population. The operations research will focus on how MH, child health, and FP messages received by men in the community are communicated to their spouses, thereby influencing behavior change for FP and MH and also generating male involvement in the practice.

2.2 Outcome 2: Mass media, mid-media, and IPC materials for FP/RH and MCH BCC plans developed, pretested, and produced

IHBP will continue to provide technical support to the FP and MH Divisions on the above-referenced campaigns. The project will provide final prototype materials in Hindi. Draft media plans for rolling out the campaigns in the states and the national level will also be shared by IHBP. Media placements and mass production of print materials will be the responsibility of MOHFW and the campaign states.

2.2.1 Develop, pretest, and finalize prototype materials for FP repositioning and MH campaigns

- a. FP repositioning campaign mass media, mid-media, and IPC materials.* Pretest and production of the mass media materials (one 60-second TV commercial [TVC] and one 30-second TVC on MH benefits due to spacing and corresponding radio spots), a song, and a jingle have been completed. Final submission to MOHFW of four posters and billboards (one on birth spacing, one on condoms, one on intrauterine contraceptive devices [IUCDs], and one on oral contraceptive pills) was done in July 2012. Prototypes of these materials, including prototypes of wall paintings, were handed over to the FP Division for distribution during World Population Day on July 11. In the meantime, the FP repositioning flipchart and four flyers are being finalized after pretest in September 2012. Depending on the subcampaigns requested by the FP Division, the latter half of the year may require the development of subcampaign materials.
- b. MH campaign mass media, mid-media, and IPC materials.* In June 2012, pretest of the mass media materials (one 60-second TVC on the benefits of four antenatal care practices as gateway behaviors to MH practices, and three 30-second TVCs, one on iron folic acid, one on institutional delivery and a 48-hour stay, and one on JSSK entitlements, as well as corresponding radio spots) was completed. Based on the pretest results, the TVCs were finalized in September 2012. The print materials (MH flipchart, four posters, billboards, and wall paintings) were finalized in September. The flipchart, a game, and four flyers were shared with MOHFW for feedback, and the flyers are being finalized for pretest in late November 2012. Depending on the subcampaigns requested by the MH Division, the latter half of the year may require the development of the one subcampaign materials.
- c. Innovative ICT applications to communicate FP and MH messages.* IHBP will develop and test innovative ICT applications under the grants program to reach ASHAs and specific target groups (males, couples) with FP and MH messages promoted through the FP and MH campaigns. These could be used with mobile phones to reach males with MH/FP messages to be transmitted to their wives, thereby increasing male involvement in MH/FP behaviors. Another approach would be to develop software that would convert key photos and text from the FP or MH flipcharts for loading in mobile phones that ASHAs can use for IPC activities.

Interactive mobile games, campaign ringtones, wallpaper, and other innovations will be developed and tested for implementation in select regions by June 2013.

2.3 Outcome 3: Mass media, mid-media, and IPC activities/campaigns implemented by government and private sector organizations

2.3.1 Support state and district levels to launch and implement the FP repositioning and MH campaigns

IHBP will support the MOHFW FP and MH Divisions to launch the integrated FP and MH campaigns in the target states through the following activities.

a,b,c. Develop and implement an orientation plan for state IEC officers on the FP and MH campaigns. IHBP supported the development of draft campaign orientation plans in a participatory workshop held in October 2012 with the IEC officers, NRHM state program managers, and program officers from 11 states (FP) and 9 states (MH). This event was used by the MOHFW FP and MH Divisions to orient state IEC and program (FP and MH) officers on the FP and MH campaigns and to recommend how to implement these campaigns at the state and district levels. The state IEC and program officers are finalizing the draft plans prepared at the workshop. They will subsequently integrate them into existing and next year's PIPs as per the funds available.

- Draft mass media and mid-media plans for each campaign state are being developed and will be shared with the state IEC officers to support the implementation.
- A core team of staff/consultants from IHBP will support UP and three other states (for each campaign) in finalizing the above plans and supporting their successful rollout through the government system.
- IPC will be primarily done through the existing government field staff in the states and, where available, those supportive NGO and self-help group networks that have been an integral part of state-led campaigns.

2.4 Outcome 4: Mass media, mid-media, and IPC campaigns/activities regularly monitored and evaluated

2.4.1 Conduct evaluation studies for FP and MH campaigns

IHBP will support evaluation studies of the national-level FP and MH campaigns and also in four target states, including the pilot districts of UP. Activities include the following.

- Recall study of FP and MH campaigns.* IHBP will support the conduct of recall studies of the FP and MH mass media component of the campaigns from selected states from targeted states. This will be undertaken after completion of the mass media activities. The study will determine the percent of the interviewed target population that recalls the FP and/or MH messages. These recall studies are limited, because IHBP will have no control over media placements and the duplication and distribution of print materials that will be undertaken by the state Departments of Health and Family Welfare using government funds.
- Process evaluation.* Process evaluation will also be conducted in a state where IHBP will provide capacity building support in rolling out the 360-degree FP and MH campaigns. Process evaluation will be undertaken from start-up to completion of at

least one cycle of the 360-degree campaign by the state. Feedback of the evaluation will be shared with respective state team as well as MOHFW.

- c. *Monitoring reports.* In the two pilot districts of UP, IHBP will develop and implement a monitoring system to gather data and feedback from the field on how the CM, mid-media, and IPC activities are being operationalized. The reports from the field will be analyzed regularly and feedback given to the district and block leaders.

IR 3: Community Platforms, Organizations, and Key Individuals (Influencers) Support Improved Health Behaviors

3.1 Outcome 1: Organization and coordination of activities (including communication platforms) for IPC and mid-media at village level strengthened

3.1.1 Assist in implementing CM and IPC activities for FP and MH campaigns in pilot districts

In the four targeted blocks from two pilot districts, IHBP will support implementation of CM and IPC activities conducted through the government health system (ASHAs and ANMs) and through NGOs. IHBP, through PCI, will organize a 1–2-day orientation on IHBP-developed FP and MH campaigns and tools for government district/ block-level trainers and key government block-level IEC staff, i.e., health education and information officers (HEIOs). The same will be cascaded as 1–2-day training of ASHAs and ANMs from the four IHBP blocks. IHBP will conduct these trainings through PCI with active involvement from government trainers and IEC staff. As a parallel and coordinated set of activities, IHBP will set its grants program in motion through the following activities.

- a. *Select pilot districts and blocks.* As earlier mentioned, IHBP has selected districts Sitapur and Hardoi in UP for piloting the grants program. Two blocks in each of the two districts will be selected by IHBP as interventions sites and approximately 50,000 participants will be covered per block. In August 2012, IHBP received endorsement from the state government on the selection of districts, and pertinent government officials in these districts have been directed by the state government to extend all required support to the project. Blocks will be decided by IHBP on the basis of the most promising proposals received in response to its grants RFA.
- b. *Finalize the grants manual and release EOI and RFA for grants awards.* After approval of the grants package by FHI 360 headquarters contracts office, IHBP will release the first EOI to invite interested and capable NGOs to apply for funding under the first round of the grants program focused on FP and MH. The EOI and RFA are not prescriptive in their approach in that only an illustrative list of possible activities will be provided by the project, thereby leaving it to the applicant organizations to select the most feasible combination of CM and IPC activities based on their specific strengths and existing community-level resources. It is planned that, while each IHBP grant may follow a different approach for CM and IPC, an IHBP-supported ICT innovation will be layered across field activities by all grants. This ICT application could be in the form of mobile phone messages, interactive mobile games, campaign ringtones, or FP/MH flipcharts loaded on mobile phones to be used as an IPC tool by ASHAs. IHBP envisions approximately 3–4 grants per blocks. IHBP plans to

undertake and complete all processes related to solicitation and screening of proposals and award of grants by March/April 2013.

3.2 Outcome 2: Community groups mobilized and trained to organize or facilitate IPC and mid-media at the community level

3.2.1 Facilitate implementation of CM and IPC through grants

The activities to achieve this outcome include the following.

- a. *Place staff at state, district, and block levels.* To provide overall leadership and supervision to the IHBP grants program; coordinate with senior government functionaries at the state level, NGO heads, and PCI; and receive inputs from the various divisions at IHBP's Delhi office (M&E, SBCC, KM and Institutional Strengthening [IS]), IHBP will continue to retain the position of Project Director (UP) in Lucknow. IHBP will also continue to retain the position of one CM Specialist at the state level to monitor and mentor field implementation of activities by PCI and NGOs funded under grants. By January 2013, IHBP will place a District Coordinator in each of the two IHBP districts and PCI will place one Block Training Coordinator and one M&E officer in each of the four IHBP blocks to closely mentor, monitor, and document field activities. It is envisaged that each grant funded by IHBP will cover approximately 12,000–15,000 people. There will be approximately 12–13 grants in all.
- b. *Train CM grantees in grant requirements.* Following the award of grants, during March–April 2013, FHI 360 will organize a grantee orientation workshop to provide new grantees with training on the management of USAID-funded grants. This meeting is intended to ensure that the grantees have complete understanding of the grant terms and conditions. IHBP program staff will discuss in detail with the grantees all the various reports and obligations that are required of them during project implementation, including facilitating IHBP's right to inspect the work in progress, the grantee's management systems, and the audit process following completion of the grant activity. The IHBP Grants Team will also confirm the scope of the activity, the implementation plan, and the timetable (milestones and schedule of disbursement) with the grantees.
- c. *Train grantees in CM and IPC.* It is envisaged that NGOs awarded grants by IHBP will be trained by PCI with support from FHI 360 on various aspects of CM and IPC, as well as grant implementation (MH and FP campaigns, grant guidelines, financial and technical reporting, USAID regulations, etc.). This approximately 3-day training will be undertaken immediately after the grants are awarded during the March–April 2013 period. Following this training, FHI 360 and PCI will undertake regular on-site mentoring and monitoring visits in the field and provide feedback to grantee NGOs on an ongoing basis.
- d. *Orient/train Block HEIOs and ASHAs in pilot blocks on FP and MH campaigns.* As stated above, during February/March 2013, IHBP partner PCI will facilitate orientation of government district/block trainers and IEC functionaries in the IHBP FP and MH campaigns. With PCI support, this trained group will then cascade the training to the ASHAs and ANMs from the four IHBP blocks. An IHBP-developed training video will be used for this purpose.

- e. *Implement grants activities – CM and IPC.* Grants activities will be implemented by IHBP from March/April 2013 to August 2013. Each IHBP-supported grant will propose and implement a different set of CM and IPC activities with the primary and secondary audiences. In addition, two common activities layered across all grants will be: introduction of an ICT application in the field (described in an earlier section of this work plan) and orientation of community-level stakeholders by PCI. This 1-day orientation cum advocacy event will have to be held in batches at the block level and will cover approximately two volunteers/opinion leaders/potential champions per IHBP village. Given that IHBP proposes to cover 200,000 people (approximately 200 villages) across four blocks, it is expected that approximately 400 such village-level stakeholders will be oriented through these block-level workshops.
- f. *Conduct bimonthly review meetings with CM partners.* Once key trainings for government and NGO staff have been completed by March–April 2013, IHBP will conduct two bimonthly combined review meetings, one for each block, in May and July 2013, involving NGO partners and government stakeholders. These meetings will be organized as 1–2-day events. Problem areas/weak field performance identified in these meetings will receive one-on-one follow-up and review by IHBP.
- g. *Conduct process documentation of CM and IPC activities and disseminate findings.* From March 2013 to August 2013, process documentation of activities will be conducted. Since each IHBP grant is likely to use a different approach and community platform for CM and IPC, this intensive documentation is necessary to capture the process-related learnings and challenges to inform subsequent planning. At the end of the 6-month period, results of the process documentation will be summarized, analyzed, and disseminated.

3.4 Outcome 4: Positive behaviors (improved performance) by health workers and community influencers/members recognized and reinforced

3.4.1 Develop and support recognition scheme

IHBP will plan and implement a reward and recognition system for NGO workers, government service providers, community volunteers, and champions. The objective will be to demonstrate whether recognition for positive behaviors serves as a motivator for enhanced performance (in the case of health workers) and for sustained positive health behaviors (in the case of households). Recognition criteria will be planned and disseminated in IHBP districts by April 2013, and one large-scale district-level event will be held in each of the two districts in July 2013.

MILESTONES AND WORK PLAN FOR IHBP: October 1, 2012–SEPTEMBER 30, 2013

Ministry of Health and Family Welfare: IEC Division

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months												Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
1.1.1	Assist relevant ministries and divisions conduct rapid ONA for BCC. Study completed and results shared with:					8													The rapid ONA reports will be used by the IEC Division and IHBP to develop plans for capacity building, TA, and updating strategies and plans
a	The IEC Division				Rapid ONA results disseminated														
1.1.2	Support BCC capacity strengthening through secondment of long-term consultants					1													
a	Four consultants placed in IEC Division, MOHFW				Four full-time, long-term consultants seconded to IEC Division														Two consultants will be placed in November 2012 and the other two by January 2013
b	One consultant in the NIHFW				Consultant placed at NIHFW														For assessment and support in planning of BCC resource center
1.1.3	Assist various ministries establish BCC Resource Center																		Aside from short-term consultants support, this includes consultation meetings with other stakeholders
a	BCC Resource Center at NIHFW				Assessment of Public Health Museum completed														

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months												Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
1.2.1	Support the government ministries and divisions in developing capacity building plans for their staff					1													This includes consultations meetings with key stakeholders in relevant divisions and agencies of the GOI
a	Assist NIHFWD develop an annual calendar of capacity building initiatives in BCC				Capacity building plan on BCC for IEC officers of national and state levels in place														
1.2.2	Develop/adapt modules and training materials in SBCC					5													All course development will involve testing of module and later its integration into current capacity building mechanism
a	Half-day orientation module for senior government officials				Orientation module ready for use														
b	SBCC module for training ANMs and ASHAs in CM and IPC				SBCC training module in place														
c	5-day training course in SBCC for national, state, and district IEC officers				Course materials in SBCC developed														
d	Develop a manual for training state and district IEC officers in M&E of BCC				Manual and training materials developed														Popcouncil will lead this activity, with IHBP involvement

Key Activities		Level			AMP Indicators	Months												Remarks
Sl. No.	Description	National	State	District		Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
1.2.3	Assist in development of BCC planning, management, and monitoring job aids				5													
a	Develop BCC Resource Toolkit				BCC resource toolkit developed													Consultants will be hired
b	Pretest and finalize toolkit				IEC officers at national level and selected states will be involved													
1.2.4	Conduct training for various cadres of health workers in BCC/SBCC				6													
a	Half-day orientation to senior government officials in SBCC				Increased understanding of SBCC framework among additional secretaries, joint secretaries, and directors in MOHFW													This will need a letter from Secretary (MOHFW) to all divisions
b	Training master trainers in the NIHFW in SBCC 5-day training course				20 master trainers developed for the NIHFW													To be done by NIHFW with support from IHBP
c	Four regional workshop on BCC capacity building for IEC officers				100 IEC officers from national and state levels trained													
d	Orientation of IEC managers (IEC officers, joint directors, etc.) in relevant divisions on BCC Resource Toolkit				One round of orientation organized													

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months											Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	
e and f	Training of national and state (FP and MH campaign states) and two IHBP Intervention districts of UP in BCC M&E at NIHFV				25 IEC/M&E/program officials from national and FP/MH states and two IHBP intervention districts of UP trained on BCC M&E													Popcouncil will lead this activity; separate training of M&E officers is necessary to increase their skills on BCC indicators (outcome, output, and process), their measurement, and integration into existing Community Management Information System/HMIS
2.1.1	Assist relevant ministries and divisions gather evidence needed for developing strategic SBCC plans and campaigns					8												
a	Prepare monographs on lessons from promising BCC practices in MH, FP, and desk reviews of community platforms, incentive schemes				Monographs completed and disseminated													

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months												Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
2.1.2	Assist in updating BCC strategies or developing new strategies				Strategy/framework developed	1													If requested, a new campaign strategy will be developed and one campaign with limited materials focusing on mid-media and IPC
2.1.3	Support relevant ministries and divisions develop AAPs and PIPs					1													
a	IEC Division and selected states				National AAP and state plans with IHBP assistance														IHBP staff/consultants in line with government planning cycle
2.1.4	Assist relevant ministries and divisions develop integrated health campaigns					4													MOHFW FP and MH campaigns ongoing; draft media plans shared and finalized for states
	Develop repositioning FP integrated BCC campaign				Campaign media plan developed and approved by MOHFW														
	Develop MH integrated BCC campaign				Campaign media plan developed and approved by MOHFW														
2.1.5	New evidence gathered through action research, operations research, qualitative studies on specific BCC interventions/innovations					8													
a	Conduct operations research on CM through social networks (self-help groups)				Evidence gathered on effectiveness of social networks														Popcouncil – research to be conducted in pilot districts

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months												Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
b	Conduct operations research on male involvement in FP/MH through use of mobile phones				Evidence gathered on effectiveness of this approach														Popcouncil – research to be conducted in pilot districts
2.2.1	Support relevant ministries and divisions develop new or adapt existing prototypes for mass media, mid-media, and IPC campaigns					4													IHBP assistance involves development of prototype materials, media, plan, implementation plan, and support for campaign rollout
a	Pretest and finalize prototype materials for FP repositioning campaign				TV and radio spots, jingles, posters, flyers, flipchart developed and pretested; prototype materials produced in Hindi														
b	Pretest and finalize prototype materials for MH campaign				TV and radio spots, jingles, posters, flyers, flipchart developed and pretested; prototype materials produced in Hindi														
C	Develop and test innovative ICT applications to reach ASHAs and target audiences with FP reposition and MH messages				ICT applications developed and tested														Flipchart/film will be adapted for mobile phone use by ASHAs, besides SMS quiz and interactive game
2.3.1	Support state and district levels to launch and implement the FP repositioning and MH campaigns					4													

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months												Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
a	Assist FP Division and MH Division to develop an orientation plan for state and district officials				Orientation plan in place														For all target states of both campaigns
a.i	FP repositioning campaign																		
a.ii	MH campaign																		
b	Conduct orientation of state IEC and FP/MH officers on FP and MH campaigns				Orientations conducted in Delhi for state officers														For all target states of FP and MH campaigns
b.i	FP repositioning campaign																		
b.ii	MH campaign																		
C	Conduct training of district frontline worker trainers on IPC materials and participatory methods; provide TA to training of block frontline workers				Trainings conducted at district and block levels														For pilot IHBP districts; district trainers will train frontline workers in blocks; IHBP will support district trainers' training and provide TA to block trainings
c.i	Develop training video																		
c.ii	FP repositioning campaign																		With PCI
c.iii	MH campaign																		With PCI
2.4.1	Conduct evaluation studies for FP and MH campaigns in selected states and district(s)					8													
a	Reach and recall study on FP and MH campaigns				Reach and recall studies for FP and MH completed and disseminated														For all states covered by both campaigns

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months												Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
b	Process evaluation on MH and FP campaign rollout				A report on the implementation of one cycle in one state														
c	Monitoring reports				Monitoring reports disseminated														For pilot districts
3.1.1	Assist in implementing CM and IPC activities for FP and MH campaigns in pilot districts																		
b	Finalize the grants manual, release EOI and RFA for grants awards				Grants awarded through RFA process for four pilot blocks in three districts														Grants EOI sent to qualified NGOs based on criteria; qualified applicants get RFA and 3–4 NGOs selected per block to cover altogether 50,000 people per block across four blocks
3.2.1	Facilitate implementation of CM and IPC through grants program																		
a	Placement of state, district, and block by FHI 360 and PCI staffs for grant implementation																		Project Director, CM Specialist, and finance staff already in place; IHBP will recruit two district coordinators; PCI will recruit one Block Training Coordinator and one M&E officer for each of four blocks

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months											Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	
b	Conduct training workshop for grantees in grants management				Grantees in place and trained in FHI 360 and USAID processes and systems													FHI 360 training will cover grant guidelines, financial and technical reporting, USAID regulations, etc.
c	Train grantees in CM and IPC																	Training jointly by FHI 360 and PCI; one class room training in March–April 2013 followed by ongoing mentoring
d	Assist in orientation of district and block IEC officers, HEIOs, and ASHAs from IHBP sites on FP and MH campaigns in two IHBP intervention districts																	To be conducted by PCI and government trainers
e	Grantees undertake CM and IPC activities																	
f	Conduct bimonthly review meetings with CM partners																	
g	Conduct process documentation of CM and IPC activities and disseminate findings																	PCI and IHBP jointly responsible
3.4.1	Develop recognition plan and support implementation through IHBP’s grants program				Recognition plan developed and operationalized													PCI and IHBP jointly responsible

IV. Work Plan: October 1, 2012–September 30, 2013: Central Tuberculosis Division

A. Background/Introduction

The Revised National Tuberculosis Control Program (RNTCP) is a GOI national health program that aims to consolidate the gains made in the first and second phases of the TB program, widen services in terms of both activities and access, sustain progress toward achieving the country's commitment to TB-related targets set by the MDGs for 2015, and achieve TB control in the longer term. The MOHDW CTD is responsible for implementation of the RNTCP.

The RNTCP Annual Report for 2012 states that an effective ACSM strategy is in place. This confirms the importance of ACSM as envisaged under the STOP TB Strategy under the component “empower people with TB, and communities through partnership.” In 2010, the RNTCP conducted regional-level ACSM workshops for key functionaries in the field, hired an advertising agency (R.K. Swamy BBDO) to develop new TV and radio spots focusing on adherence to treatment and stigma reduction, revised the training module for private practitioners on the technical and operational aspects of TB, and developed a patient information booklet. Under the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Round 9, organizations have launched district-level ACSM activities in 374 identified districts across the country.

The RNTCP Annual Reports 2011 and 2012 also recognized gaps in systematic planning and implementation of need-based and locally appropriate ACSM activities at state and district levels. A study, “Impact Assessment of RNTCP II Communication Campaign on [Knowledge, Attitudes, and Practices] of Target Audiences,” conducted among different categories of respondents, including state TB Officers, state IEC officers, and district TB Officers, had the following recommendations.

- State IEC cells should update their knowledge on ACSM.
- Communities should be involved in the program.
- Training of trainers and health staff should be done at frequent intervals.
- ACSM should be conducted by private agencies.
- Documentary films should be used to generate awareness about TB.
- Mass media spots should be developed in local languages.
- Capacity building and experience sharing programs should be organized.

The USAID-funded India TB Program (ITBP), managed by PATH, has been providing assistance to the CTD in many technical areas, including ACSM. With IHBP implementation, key responsibilities for USAID's TA in ACSM on TB have been shifted to IHBP. Since the ITBP is still ongoing (to end in March 2013), IHBP and PATH will continue to work collaboratively on ACSM. IHBP will also provide TA on ACSM to other CTD partners.

IHBP's mandate is to provide TA in strengthening capacities in ACSM at the national and state levels. This TA plan is the outcome of the IHBP POA, which was submitted to the CTD on March 26, 2012. IHBP will proceed with this agreed TA, better delineated over time through discussions with CTD, and categorized under institution strengthening and improvement in media capabilities.

B. IHBP Support for October 2012–September 2013

To implement the POA, IHBP will support the following activities in collaboration with the CTD.

1. Institution Strengthening

- a. Status report on ACSM.* IHBP will provide assistance in developing a status report on implementation of ACSM activities at the national level and in selected states and districts, as implemented by the CTD and various agencies. The report will provide suggestions for improving coordination and harmonizing actions to optimize impact.
- b. ACSM Operational Handbook.* IHBP will develop an ACSM handbook—a ready reckoner on ACSM—for RNTCP program officers, state IEC officers, district TB officers, state RNTCP consultants, and partner NGOs. The handbook will be refined through discussions with stakeholders in two selected states and in national- or regional-level consultations. On finalization, IHBP will conduct four orientation workshops at the national and regional levels.
- c. Assistance to the CTD to develop an urban ACSM strategy.* IHBP, together with a consultant and subcontractor PSI, will assist the CTD to develop an urban ACSM strategy through desk review (completed), formative research, and consultative workshops, pending CTD concurrence. A mobile application for use by private providers may also be considered (PSI activity).
- d. Recruitment of BCC consultants.* IHBP will assist the CTD with two BCC consultants to provide support in strategic planning and management and capacity building activities in ACSM.

2. Improvement in Media Capabilities in ACSM

- a. Media advocacy-CTD officials*
 - i. Media training of CTD officials.* IHBP has contracted a PR agency to support the CTD in developing its capacities to interact with media.
 - ii. Info sessions for media practitioners and journalists.* IHBP and the PR agency will support the CTD in actively engaging with media agencies and conducting quarterly media briefings on the RNTCP to encourage more positive and effective reporting.
 - iii. Media content analysis.* IHBP will support the CTD in tracking media content on TB in the country through tracking of select media channels (print and digital). IHBP will contract a media tracking agency to provide periodic analytical reports.
- b. Assistance in developing TB champions.* IHBP will work with the TB Partnership, an alliance of NGOs and other private sector organizations involved in the TB program, to develop a pool of champions. IHBP will contract an agency and support the TB Partnership in training champions, preparing a mentoring plan, and developing advocacy toolkits.

IR 1: Capacity Strengthened to Design, Deliver, and Evaluate Strategic Communication at National and State Levels

1.1 Outcome 1: Organizational structure, management systems and processes, and human resource for social and behavior change communication (SBCC) strengthened at national and state levels

1.1.1 Support BCC capacity strengthening through placement of consultants

- a. *Place two BCC consultants with the CTD.* IHBP will place two long-term consultants at the CTD, one for ACSM strategic planning and management and one for capacity building/training. IHBP will support the CTD to strengthen its capacity to manage the CTD-contracted creative agency. Specific capacities to be strengthened include preparing terms of reference and creative briefs, evaluating creative agency strategy proposals, reviewing creative materials, overseeing pretest of materials, reviewing media plans, and M&E activities.

1.2 Outcome 2: SBCC training developed and conducted for improved competencies at national, state, and district levels in evidence-based SBCC

1.2.1 Assist in development of BCC planning, management, and monitoring job aids

- a. *Develop an ACSM Operational Handbook.* IHBP will support the CTD in preparation of an ACSM Operational Handbook. The handbook will serve as a ready reckoner on ACSM and will include, among others things, operational definitions, approaches, and processes to develop an ACSM strategic plan, various tools and techniques to implement and evaluate ACSM strategic plans, how to plan mid-media and IPC activities, basics of media planning, media advocacy, and how to handle media. The handbook will be for use by program functionaries at national, state, and district levels. The handbook will be developed and finalized from January 2013 to March 2013.

1.2.2 Conduct training for various cadres of health workers on ACSM

- a. *Orient TB program and IEC officers on the ACSM Operational Handbook.* From April 2013 to June 2013, IHBP will conduct four orientation workshops (one national and three regional) for RNTCP program officers and others on the toolkit and handbook.
- b. *Conduct media training for CTD officials.* IHBP, with the PR agency, will conduct training for CTD officials and spokespersons on interacting with the media. This will involve improving skills for media interviews, responding to inaccurate reports on TB issues, planning for crisis management, and sustaining effective media relations.

IR 2: Accurate and Appropriate Knowledge, Attitudes Increased among Individual, Families, Communities, and Providers at National, State, and District Levels

2.1 Outcome 1: Evidence-based strategic plans and campaigns developed for family planning/reproductive health and maternal and child health, tuberculosis and HIV/AIDS

2.1.1 Gather evidence for developing strategic SBCC plans and campaigns

- a. *Develop ACSM status report.* IHBP will develop a report on the implementation status of ACSM activities by the CTD and various agencies in TB across four states (to be selected with the CTD). The report will recommend steps for improving coordination and harmonizing actions to optimize impact. This will be based on interviews with stakeholders in the selected states and districts. This assessment will be conducted from October 2012 to December 2012.
- b. *Disseminate the ACSM status report.* IHBP will assist the CTD in organizing a national-level dissemination workshop on the status report in the month of February 2013.
- c. *Formative research on diagnostic delay and treatment seeking behavior for TB among urban populations.* To inform an urban ACSM strategy, evidence will be gathered regarding barriers and facilitators to the diagnosis and continuation of treatment for TB in urban areas. This proposed formative research will be conducted by PSI from March 2013 to June 2013. If this formative research is not approved by the CTD, IHBP will conduct a consultative workshop and use stakeholder interviews and the desk review results to inform the strategy. PSI may develop and test a mobile application for use by private providers for TB referrals and capacity building, pending CTD approval.
- d. *Monograph on "Good BCC Practices for TB."* This monograph will be developed from the report on "Good Practices on TB BCC," for dissemination within forums for TB, such as the consultative workshop for the urban ACSM strategy.

2.1.2 Assist in developing urban ACSM strategy

- a. *Develop an urban ACSM strategy.* IHBP will support development of an urban ACSM strategy. Key findings from the desk review and the formative research will provide the basis for this strategy, and a consultant will use these to propose an effective strategy. Strategy development will include the organization of a national-level consultation workshop with key stakeholders. This will be completed during July–August 2013.
- b. *Disseminate the urban ACSM strategy.* IHBP will provide TA to disseminate the urban ACSM strategy in August 2013.

2.3 Outcome 3: Mass media, mid-media, and IPC activities/campaigns implemented by government and private sector organizations

2.3.1 Assist the CTD to improve media relations and reporting on TB

- a. *Organize quarterly info sessions for media practitioners and journalists.* To improve media reporting on TB, IHBP will help the CTD organize quarterly info sessions for media practitioners and journalists on TB issues. These info sessions will provide correct technical information, but will also develop the capacity of media practitioners

to write or relay more compelling stories that would serve to change people's attitudes and beliefs about TB. These info sessions will be held in December 2012, March 2013, June 2013, and September 2013.

- b. *Media content analysis on TB.* IHBP will hire a PR/media agency to track articles and relevant stories/reports on TB that appear in the press (print and digital). This will serve to monitor the effectiveness of the quarterly info sessions described above and the improvement in relations between the CTD and the media. The tracking will also provide timely signals to the CTD on issues that need quick response (e.g., inaccurate reporting) or that could become crisis situations. Tracking will run from January 2013 to August 2013.

IR 3: Community Platforms, Organizations, and Key Individuals (Influencers) Support Improved Behaviors

3.1 Organization and coordination of activities strengthened

3.3.1 Assist TB Partnership in implementing its advocacy agenda

- a. *Develop an advocacy toolkit for TB champions.* IHBP aims to strengthen the TB Partnership's capacity to more effectively advocate for TB policies and issues to various stakeholders. In this regard, the TB Partnership identified the need for an advocacy toolkit to guide TB Partnership officials and TB champions in their advocacy efforts. IHBP will collaborate with the CTD on the development of this toolkit from May 2013 to June 2013.

IR 4: Vulnerable Communities Empowered to Seek Health Services and Products

4.2 Outcome 2: Programs to reach vulnerable groups, improve their self-efficacy, and empower them using a rights-based approach planned and implemented

4.2.1 Assist TB Partnership create and train TB champions and spokespersons

- a and b. *Select and train champions from the affected community and provide opportunities to speak publicly about TB.* One strategy to address stigma and discrimination (S&D) is to identify current TB patients, former patients, and their families to provide testimonials about TB. Their "speaking out uninhibited" will serve to dispel myths and misconceptions about the disease. In this light, IHBP will assist the TB Partnership to identify, select, and train individuals to speak publicly about TB and to advocate for TB issues. The selection will be done during January 2013–February 2013 and training, including developing a training module, will be conducted during March 2013–May 2013.

4.2.2 Provide TB spokespersons with opportunities and platforms to speak publicly about TB

- a. With assistance from the PR agency, IHBP will provide opportunities for the trained TB champions to speak publicly about TB. IHBP will provide these champions with opportunities to speak publicly about TB issues, in the media, public meetings, and other forums.

MILESTONES AND WORK PLAN FOR IHBP: October 1, 2012–SEPTEMBER 30, 2013

Ministry of Health and Family Welfare: Central TB Division

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months												Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
1.1.1	Support BCC capacity strengthening through secondment of long-term consultants					1													
a	Two consultants in the CTD				Capacity strengthened in planning and monitoring ACSM														One for BCC strategic planning and management and one for BCC capacity building/training
1.2.1	Assist in development and use of BCC planning, management, and monitoring job aids					5													
a	Assist the CTD to develop an ACSM Operational Handbook, a self-learning, how-to guide for TB IEC officers				ACSM Operational Handbook available														
1.2.2	Conduct training for various cadres of health workers in ACSM					6													
a	Orientation of IEC managers (IEC officers, joint directors, etc.) in relevant divisions on ACSM Operational Handbook				Four orientation workshops at regional level organized on ACSM Operational Handbook														For the orientation, IHBP will print around 100 copies each of tools and handbook
b	Conduct media training for CTD officials																		
2.1.1	Assist relevant ministries and divisions gather evidence needed for developing strategic SBCC plans and campaign					8													

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months												Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
a	Assist in developing ACSM status report				ACSM status report available														Consultant will undertake field visits, assist in organizing national-level consultation with key stakeholders, and in drafting the report; to be done with PATH
b	Support dissemination of ACSM status report to states				National-level dissemination workshop														IHBP to provide TA
c	Conduct formative research on diagnostic delay and treatment seeking behavior in TB among urban populations				Evidence gathered for urban ACSM strategy														Desk review by PSI completed; desk review reveals the need to conduct research to probe barriers and facilitators in urban settings; possible mobile app for private providers
d	Prepare monograph based on good practices review on TB-BCC				Monographs completed and disseminated														Based on existing good practices reports
2.1.2	Assist in updating existing ACSM strategy or developing new strategy					1													
a	Assist the CTD in developing an urban ACSM strategy				An urban ACSM strategy in place														Based on research from 2.1.1.c and desk reviews, consultation workshop to be organized among stakeholders to obtain inputs on urban ACSM strategy
b	Support dissemination of urban ACSM strategy to states																		IHBP staff and modal agency to provide TA
2.3.1	Assist the CTD to improve media relations and reporting on TB					1													

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months												Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
a	Assist the CTD to organize quarterly info sessions for media practitioners and journalists				Quarterly media orientations conducted														Media briefs, orientation workshop reports
b	Conduct monitoring of media content on TB				Periodic monitoring and analytical reports														PR agency to be hired
3.3.1	Assist the TB Partnership in implementing its advocacy agenda					1													
a	Develop advocacy toolkit for TB champions				Media issue briefs, Q&A on issues, life stories developed														IHBP will hire a PR/ advocacy agency to develop advocacy toolkit
4.2.1	Assist the TB Partnership create and train TB champions/spokespersons					6													
a	Assist the TB Partnership in selecting champions from affected community, as well as celebrities willing to be advocates				A pool of TB champions identified														IHBP will hire a PR/ advocacy training agency to build capacity of TB champions and assist them by providing them the needed platform at the national level to advocate on key advocacy issues
b	Train TB champions				TB champions trained														PR/advocacy agency will train champions on advocacy and public speaking/handling media
4.2.2	Provide TB champions with opportunities and platforms to speak publicly about TB																		
a	Facilitate media interviews, meetings with key decision makers, speaking engagements among specific publics for TB champions				TB champions speaking publicly to advocate for TB and to address S&D														With assistance from PR agency

v. Work Plan: October 1, 2012–September 30, 2013: National AIDS Control Organization

A. Background/Introduction

In February 2012, IHBP submitted its proposed POA for TA support to NACO. The POA activities were based on discussions with the NACO Additional Secretary during a meeting held January 24, 2012. The IHBP POA aims to support the BCC component of the National AIDS Control Program (NACP) IV, which has three priority thrusts:

- Addressing seven priority areas—Condom Promotion, Youth, S&D, Integrated Counseling and Testing Centers (ICTCs)/PPTCT, STIs, HIV-TB, and Blood Safety—through focused IEC messages
- Using mass media to cover audiences across the country, with special focus on ground-level activities in A and B HIV prevalence category districts, including efforts to address gatekeepers and agents of change
- Addressing youth and women in both rural and urban settings with various target specific programs

B. IHBP Planned Support for NACO, October 2012–September 2013

Considering the above NACP IV priorities and the specific needs identified by NACO during January 2012 and subsequent meetings, IHBP TA to NACO for the period October 2012–September 2013 will center on five related areas (see below). The proposed activities will strengthen the capacity of NACO's IEC Division to design, deliver, and monitor national and state BCC campaigns and will also produce integrated Hindi campaign materials to address current HIV program needs.

During a meeting with IHBP, USAID, and the NACO Additional Secretary on June 27, 2012, NACO confirmed its approval for the following IHBP activities.

1. Establishment and operationalization of NHCRSC for NACO.
2. Support to the UPSACS in development and implementation of its AAPs. There is an in-principle agreement for IHBP to provide TA to UPSACS, details of which will be finalized in consultation with NACO and UPSACS.
3. Development of tools for planning, management, and evaluation of integrated BCC campaigns at national and state levels.
4. Support for development and implementation of up to three BCC campaigns, to be developed with an IHBP-contracted ad agency and provision of direct TA. The campaigns will apply a 360-degree approach, ranging from mass media to CM to IPC channels. Innovations with ICT (e.g., social media) will be included as part of these campaigns.
5. Evaluation and recall studies of the above three campaigns. IHBP may conduct additional studies or evaluations in early 2013, subject to agreement between USAID and NACO and depending on availability of IHBP funds.

IR 1: Capacity Strengthened to Design, Deliver, and Evaluate Strategic Communication at National and State Levels

1.1 Outcome 1: Organizational structure, management systems and processes, and human resource for social and behavior change communication (SBCC) strengthened at national and state levels

1.1.2 Support BCC capacity strengthening through placement of long-term consultants.

- a. *Place two consultants with NACO (IEC Division).* In Year 2, IHBP supported improved BCC planning and management in the IEC Division in NACO through hire of two consultants: a Senior Program Officer in NACO and an Account Director Media. These consultants were to assist the Joint Director, IEC, in planning and management of BCC campaigns. In Year 3, IHBP will support two consultant positions: the Senior Program Officer position, which has now been re-designated as Creative Development Officer, and the Account Director Media position.
The Account Director Media has been supporting the IEC Division since September 2012. The interviews for the Creative Development Officer (IEC) were conducted on September 17, 2012 and the selected candidate will be hired and placed by early November.
- b. *Provide consultants to form the NHCRSC team to support the IEC Division at NACO.* Based on terms of reference agreed to with NACO, the NHCRSC team will be composed of 11 consultants hired by IHBP and placed in NACO. These positions and the terms of reference have been agreed with NACO and will include: National Coordinator NHCRSC, Manager Communication Planning & Support, Repository Manager, Manager Content Development, Manager Mass Media, BCC Product Sourcing Officer, ICT Officer, Program Officer (Mid-Media), Program Officer (Capacity Building), Technical Officer (Research and Evaluation), and Documentation Officer.
- c. *Hire one BCC consultant to support the IEC Division in UPSACS.* The consultant will plan and manage the BCC campaigns for UPSACS. IHBP proposes placing a full-time consultant at UPSACS who will work in close coordination with the Joint Director, IEC.

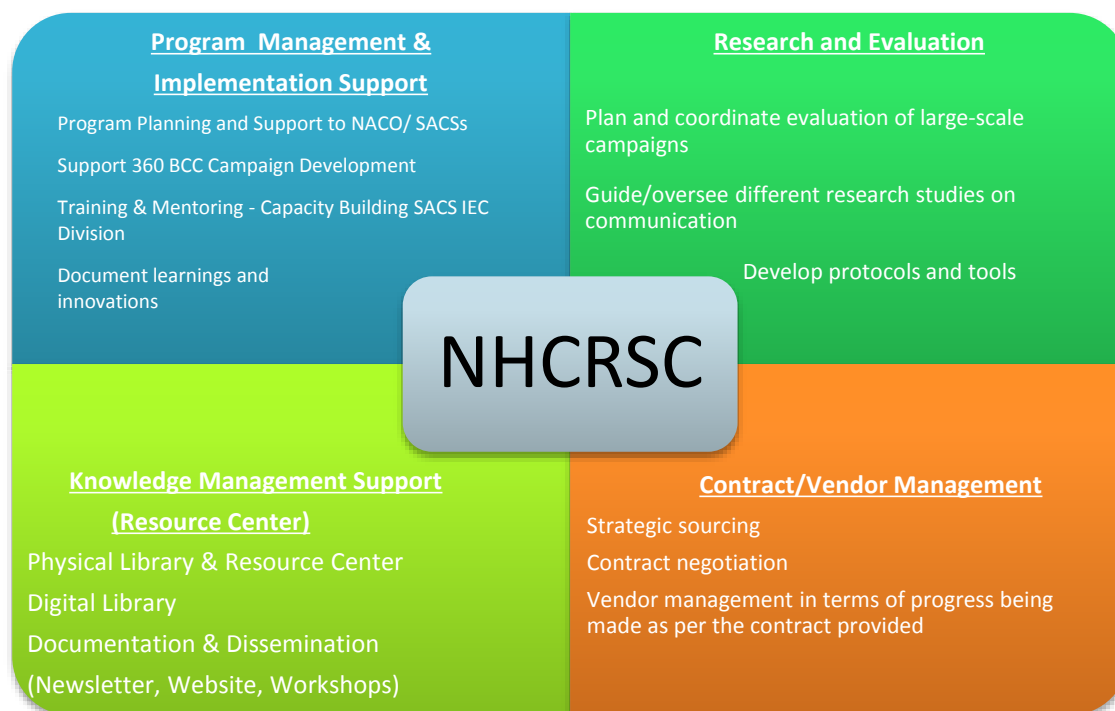
1.1.3 Assist in establishing and operationalizing the NHCRSC in NACO

The NHCRSC is envisioned to serve as a TSU housed within the NACO office premises, working in close coordination with the IEC Division at NACO and providing TA to multiple UPSACS at the state level. IHBP will strategically contribute to institution strengthening within NACO and UPSACS through the NHCRSC. A 5-year development plan for the NHCRSC was discussed with NACO, including planning for its sustainability. The IHBP will support the NHCRSC for the initial 2 years. It is envisaged that by the end of Year 2, guidance from IHBP for the technical support from the NHCRSC will lead to full integration of the SBCC framework into HIV/AIDS BCC programming. NACO sees the formation of the NHCRSC as a potential global best practice for improving BCC in HIV and expressed willingness to either find other donor support or absorb the team within NACO at the end of 2 years.

a. Areas of active engagement of IHBP team

The IHBP team will support NACO to make the NHCRSC a fully operational unit with a range of BCC and program skill sets. IHBP will facilitate the recruitment process, conduct orientation, BCC training and team building workshops, provide strategic guidance and capacity building, conduct quarterly progress review meetings, and provide administrative support for smooth functioning of the NHCRSC. IHBP will provide funding for the consultant positions, the consultant's travel reimbursements, and computers and other office equipment to furnish the NHCRSC office.

b. Broad functions of the NHCRSC



c. Support development and operationalization of the knowledge resource center for NHCRSC (including both physical and digital library)

KM support being the key pillar of the NHCRSC, IHBP plans to support the design and development of a resource center for the NHCRSC. The resource center will act as a portal of tested communication management tools to plan integrated campaigns and a communication capacity building hub for all IEC staff at national and state levels by:

- Making available evidence-based, innovative, pretested prototype IEC/BCC materials on selected themes
- Developing a resource base to ensure continuous capacity strengthening
- Documenting and disseminating innovations, lessons, and good practices that have emanated from different divisions in NACO and UPSACS
- Developing a repository of communication related research and evaluation
- Managing and leveraging the knowledge generated and accumulated so far from program implementation, the communities, the program managers, and the policy makers

- Supporting continuous information generation and subsequent updating of information

It is envisaged that three consultant positions (NHCRSC team members)—the HIV/AIDS Repository Manager, the BCC Product Sourcing Officer, and the ICT Officer under the guidance of the National Coordinator—will be responsible for making the NHCRSC resource center operational. The digital library section of NHCRSC will be designed and developed through support of an ICT agency and will comprise the following components:

- Component I: design and development of digital library
- Component II: collection, collation, classification, and cataloguing of IEC material
- Component III: digitalization of IEC material (print/audio-visual materials, etc.) (only those not available in editable soft copies)

The RFP to select the digitization agency was released in October, with the selection of the agency anticipated by mid-November. IHBP plans to start the digitization work in the month of December 2012.

d. BCC Program Management and Implementation Support at the National and State Levels

The NHCRSC team will support NACO through the following activities, with IHBP support and technical guidance.

Support national-level BCC implementation by:

- Planning and developing 360-degree campaigns for behavior change (including mass and mid-media plans).
- Undertaking creative and content development.
- Providing oversight to the creative agencies engaged directly by NACO for developing mass media, mid-media, and IPC products. IHBP will manage its own contracted creative agency for the proposed three campaigns and will use these campaigns as hands-on training opportunities in BCC for the NHCRSC team.
- Working with media agencies to plan optimal placement in mass media and mid-media.
- Leading capacity building of NACO's IEC Division in BCC planning, management, and monitoring.

Support state-level BCC implementation by:

- Assisting and guiding program planning and support to UPSACS.
- Supporting UPSACS in developing its AAP and implementing it as per agreed plans.
- Planning mid-media and IPC with UPSACS and ensuring its rollout to ensure integrated BCC campaigns with national-level campaigns.
- Planning, forecasting, and sourcing of IEC materials for state-level activities and distribution to districts.
- Negotiating with media agencies to buy spaces in mid-media.
- Identifying and selecting vendors/performance groups/theatre groups, etc. for CM activities.
- Providing monitoring and management oversight to implementation of the AAP.

- Training and mentoring of UPSACS in planning, management, and monitoring of mid-media and IPC activities.

To accomplish its role in coordinating research and evaluation, the NHCRSC is expected to:

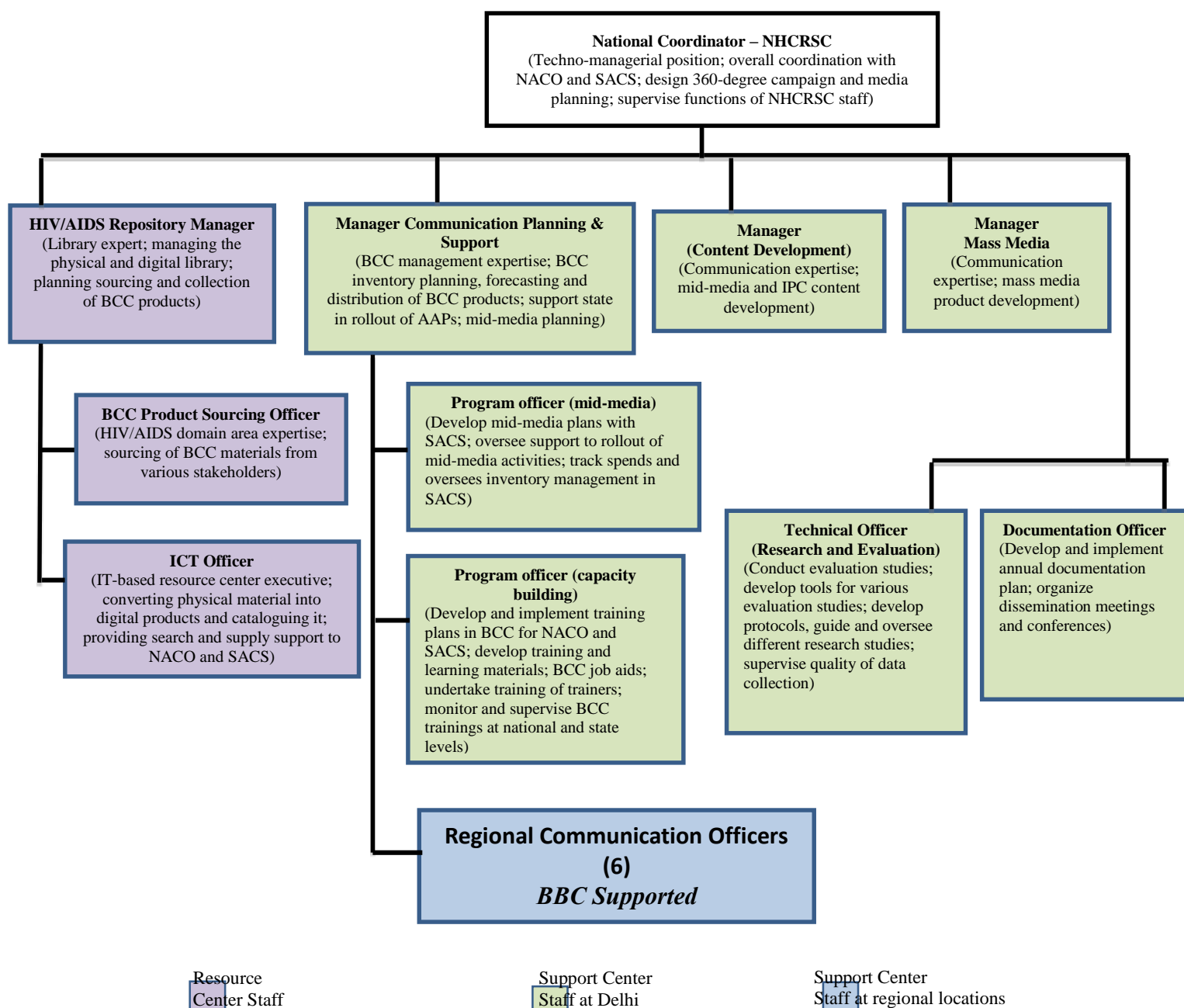
- Conduct evaluation of BCC campaigns at national and state levels.
- Develop research designs and tools for various evaluation studies, like baseline and endline studies, reach and recall studies, behavioral studies, and communications needs assessment.
- Develop protocols; guide and oversee different research studies on communication.
- Monitor and supervise quality of data collection done by the research agency, which will involve field supervision, spot checks, and quality checks during analysis of data.
- Ensure ethical clearance from appropriate Institutional Review Board for primary data collection.

The NHCRSC will play an important role in documentation and dissemination by:

- Developing and implementing an annual documentation plan in consultation with NACO and UPSACS.
- Identifying and documenting promising practices and lessons learned.
- Updating the Information and Communication Support Repository.
- Organizing dissemination meetings and conferences as needed/planned by NACO.

To implement these tasks, IHBP and the IEC Division in NACO have developed a complementary team structure and have defined the job responsibilities for each of the positions. This is provided in the following NHCRSC organogram.

NHCRSC Organogram



1.1.4 Support to UPSACS

NACO has suggested that the TA plan for UPSACS be developed following a tripartite consultative process between NACO, UPSACS, and IHBP. This consultative meeting is to be held in November 2012. Based on the current AAP of UPSACS, IHBP envisages TA support to UPSACS in the following areas, which may be modified following the consultative meeting.

- a. Hire one BCC consultant to support the IEC Division in UPSACS.* The IEC Division in UPSACS has only one staff member, the Joint Director, IEC. For planning and managing BCC campaigns for SACS, IHBP proposes placing a full-time consultant at SACS who will work in close coordination with the Joint Director, IEC. Alternatively, the BCC consultant/staff may be part of the IHBP team in Lucknow.
- b. Support development and implementation of the state AAP.* The IHBP team will work in close coordination with the UPSACS IEC team for planning and developing the state AAP. The planning process will include a workshop to review the work currently under way and to identify the priority communication issues and barriers to implementation that the state needs to focus on for the coming years (discussed below in 2.1.3).
- c. Conduct training on BCC for NGO outreach staff implementing targeted interventions among migrants.* IHBP proposes to organize an effective communications/BCC training workshop for the outreach staff who have been engaged in implementing target interventions among migrant communities.
- d. Participate in program review meetings.* In consultation with UPSACS, the IHBP team will participate in program review meetings being conducted for target intervention NGOs.

1.2 Outcome 2: SBCC training developed and conducted for improved competencies at national, state, and district levels

1.2.3 Develop a BCC program reference guide-job aid to guide IEC officers in planning, managing, and evaluating BCC campaigns and activities

- a. Develop a reference guide on HIV/AIDS BCC.* Regional communication consultants (supported by BBC) are providing TA to SACSs IEC Divisions in various areas of BCC programming and implementation. To promote a common understanding of the “C-planning” concept and promote a 360-degree approach among the different stakeholders, including the IEC Division (NACO), the NHCRSC team, regional consultants, and the SACSs IEC officials, a BCC program reference guide will be developed. The reference guide is envisaged to be a standard operating guide (a job aid) for IEC officers at national, state, and district levels on planning, implementation, and evaluation of BCC activities on HIV/AIDS. A consultant will be engaged to work in close coordination with the NHCRSC team to develop the reference guide. Development, pretesting, and finalization of the reference guide will occur from June 2013 to August 2013. The NHCRSC team will be closely involved in this activity.
- b. Orient national and state IEC officers on the BCC program reference guide.* Once the BCC program reference guide is finalized, IHBP, with the support of the NHCRSC program team, will facilitate orientation of state IEC officers.

This reference guide will be disseminated as part of the regular national-level IEC review meetings being conducted in NACO where all IEC officers will be present. In addition, if there are specific states identified for intensive support, the regional communication consultants of BBC during their state visit will orient the SACSS IEC officers on the reference guide and make available printed copies of the guide.

IR 2: Accurate and Appropriate Knowledge, Attitudes Increased among Individuals, Families, Communities, and Providers at National, State, and District Levels

2.1 Outcome 1: Evidence-based strategic plans developed for HIV/AIDS

2.1.1 Assist relevant ministries gather evidence needed for developing strategic SBCC plans and campaigns and specific BCC interventions

- a. *Prepare a monograph based on good BCC practices on HIV/AIDS.* As part of the monograph series, IHBP has documented regional-level BCC good practices. Once the NHCRSC team is in place, the document will be reviewed by the team as part of the orientation process. Additional inputs from national-level HIV/AIDS BCC good practices may be added. Following this review, the monograph on HIV/AIDS good practices will be finalized in February/March 2013.

2.1.3 Support in development of AAPs and PIPs

IHBP, through the NHCRSC, will be assisting NACO to develop an annual plan for the IEC Division. The NHCRSC team will also support SACSS to develop their state-specific AAPs.

Because providing direct TA to UPSACS falls within the IHBP mandate, the IHBP team will support the UPSACS in the AAP development process. IHBP's program planning support is expected to help SACSS have comprehensive AAPs and also will enhance focus on mid-media activities at local levels.

2.1.5 Assist relevant ministries develop integrated BCC campaigns

Based on discussions with NACO senior management and other BCC NACO staff, IHBP will support development/adaptation of integrated 360-degree BCC campaigns in three thematic areas:

- a. A campaign to reduce S&D among health care providers, for improved HIV care and treatment
- b. A campaign targeting youth, focusing on HIV prevention
- c. The initial strategy for a campaign focused on increasing demand for ICTC/PPTCT services; the campaign design and planning will be initiated by August 2013, with a timeline for rollout of this campaign in November 2013.

Brief description of the three proposed campaigns

- a. *Reducing S&D among health care providers for improved HIV care and treatment.* A desk review was undertaken to summarize previous research studies on S&D faced by PLHIV in health care settings and to determine underlying beliefs, attitudes, and perceptions of the health care providers. Based on available evidence on stigma among health care providers, IHBP is designing, developing, and planning support for

rollout of a 360-degree campaign. The campaign will focus on public and private health care providers to reduce S&D through advocacy, mass media, mid-media, and IPC.

- b. *Campaign targeting youth focusing on HIV prevention.* IHBP plans to undertake a 360-degree campaign targeting youth and promoting HIV prevention activities. The desk review to gather evidence on previous campaigns targeting youth; media habits of youth; and data on knowledge, attitudes, and behaviors of youth across urban and rural settings will be undertaken in November 2012. The campaign will promote safe behaviors among youth. This will focus on HIV prevention. ICT applications (mobile phone apps, social media) will form an integral component of this campaign. **This campaign will be implemented through the NHCSRC team using a learning-by-doing approach supported by IHBP.**
- c. *Campaign to increase demand for ICTC and PPTCT services.* At NACO's request, IHBP will develop plans to undertake a 360-degree campaign to increase demand for ICTC and PPTCT services.

2.1.6 Support development of a BCC strategy for migrant workers in select priority districts

IHBP proposes to engage a consultant to develop a BCC strategy for UPSACS, with specific focus on the migrant communities. The strategy development process will include a desk review of available research and current materials for target groups. A BCC strategy development workshop will be organized, bringing in local NGOs and experts working on the issue of mobility and HIV. Other agencies working for migrant communities in India may also be part of the workshop. The strategy will specify the BCC messages, channels including mid-media, 360-degree integrated approaches, and M&E requirements.

2.2 Outcome 2: Mass media, mid-media, and IPC materials for HIV/AIDS BCC plans developed, pretested, and produced

2.2.1 Develop new or adapt existing prototype materials for mass media, mid-media, and IPC

For the above three campaign strategies, IHBP will hire an advertising agency (through an IQC) that will work closely with NACO/NHCRSC and IHBP staff to develop and finalize mass media, mid-media, and IPC materials. IHBP is in the process of hiring a research agency. (An IQC to conduct the pretesting of materials is being developed for all the three campaigns.) IHBP will produce prototypes of final materials in Hindi. All costs of replications, mass production, and media placements, including translations into other languages, will be borne by NACO.

- Campaign for health providers on S&D. Development of materials will occur in January/February 2013. The mass media component can be launched in April 2013.
- Campaign targeting youth. Development of materials will occur in January/February 2013 so that the campaign can be launched in April 2013.
- Campaign to increase demand for ICTC and PPTCT services. Adaptation/development of materials will occur in September 2013 and the rollout by November 2013.

For all the above campaigns, IHBP will also support BCC innovations using ICT and other new media channels and approaches.

2.2.2 Develop IPC tools for NGOs working with migrant communities

NACO has developed BCC materials for the NGOs implementing migrant interventions in UP. If there are any specific BCC materials requested, IHBP will support UPSACS/TSU to develop innovative and interactive BCC materials, adapting current materials for use in migrant communities. These will be used by the NGO outreach teams and mid-media troupes to engage the community and conduct IPC.

- a. Design an HIV prevention mid-media campaign for five priority high-migration districts.* In discussion with UPSACS, IHBP will help identify five migrant priority districts. For BCC interventions in these districts, IHBP will design the campaign strategy and materials and support the implementation of a mid-media campaign. Funding for activities and materials will be provided from the UPSACS budget.

Or:

- a. Alternate: Support the Gorakhpur-Mumbai Train intervention.* UPSACS has plans to introduce interventions for migrant workers by branding the Gorakhpur-Mumbai Express. In coordination with UPSACS, IHBP will design branding for the train, plan innovative IPC activities on the train by involving folk and traditional media artists and troops, and provide support by designing IPC materials. Mid-media activities will be planned on the train route at key halt points (railway stations).

2.4 Outcome 4: Mass media, mid-media, and IPC campaigns/activities regularly monitored and evaluated, and feedback provided to relevant ministry

2.4.1 Support in M&E BCC campaigns

IHBP will support M&E of BCC campaigns that are conceptualized and supported by the project. The BCC campaigns that will be monitored and evaluated include:

- Health care providers: Recall Study
- Youth campaign on HIV prevention: Recall Study
- Increasing demand for counseling and testing: plan for Recall Study

The M&E timelines will be harmonized with the date of campaign rollout. These recall studies will be undertaken after a minimum of two cycles of air time after launch of the mass media component of the campaign.

- a. Evaluations of the S&D campaign with health care providers, the general population, and PLHIV.* A recall study will be conducted to look for extent of recall among the target populations.

If there are any additional campaign evaluation requests from NACO, IHBP will seek concurrence from USAID. If approved by USAID and IHBP budget is available, IHBP will undertake these evaluations.

- b. Support in evaluating BCC campaigns for UPSACS.* IHBP will support evaluations of BCC campaigns. Based on discussions with NACO and UPSACS officials, the

following evaluation may be conducted if there is concurrence for IHBP to assist UPSACS with a migrant campaign and the type of campaign:

- Recall of the campaigns and mid-media activities with potential migrant population will be conducted in UP in coordination with NACO and UPSACS in select districts. A process evaluation will be conducted after the campaign. The evaluation will assess the prospect of scale-up of the existing approaches in optional years, if awarded.

IR 4: Vulnerable Communities Empowered to Seek Health Services and Products

4.1 Outcome 1: Knowledge and ability of health providers and community-based workers on stigma on HIV/AIDS improved

4.4.1 Assist NACO implement campaign on S&D addressing health providers

The S&D campaign targeting health providers and the youth campaign both have an S&D component that will help achieve this outcome.

MILESTONES AND WORK PLAN FOR IHBP: October 1, 2012–SEPTEMBER 30, 2013

National AIDS Control Organization

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months												Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
1.1.2	Support BCC capacity strengthening through placement of long-term consultants					1													
a.	Two consultants placed to support the IEC Division at NACO <ul style="list-style-type: none"> Account Director-Media Creative Development Officer 				Consultants in place and supporting the IEC Division														BCC Account Director-Media hired in May 2012, and one Creative Development officer to be hired by November 2012
b.	Provide consultants to form the initial NHCRC team to support the IEC Division at NACO				The NHCRC team in place to support the national HIV program														Eleven consultants for NHCRC to be hired between November and January 2013
	Conduct orientation and team building of NHCRC team				Orientation workshop conducted for the NHCRC team														Two, 2-day orientation sessions will be held
c.	Hire one BCC consultant to support the IEC Division in UPSACS				Consultant available to support the UPSACS IEC Division														IHBP proposes placing a full-time consultant at UPSACS who will work in close coordination with the Joint Director, IEC; the consultant will plan and manage the BCC campaigns for the UPSACS
1.1.3	Assist various ministries establish BCC Resource Center <i>Assist in establishing and operationalizing the NHCRC in NACO</i>					2													Aside from consultants, this includes consultation meetings with other stakeholders, hiring an agency for collation, classification, and assistance in staffing and promoting the resource center.
c.	Support development and operationalization of the knowledge resource center for NHCRC (including both physical and digital library)				NHCRC physical library operational from January 2013														
c.1	Engaging a digitization agency to carry out the digitization task				Digitization work begins in December.														Sub-activities are included in the NHCRC work plan

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months												Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
d.	NHCRSC provides BCC program management and implementation support at the national and state levels																		Sub-activities are included in the NHCRSC work plan
1.1.4	Support to UPSACS					1													
a.	Hire one BCC Consultant to support the IEC Division in UPSACS (see 1.1.2)																		
b.	Support to develop and implement the state AAP																		
c.	Conduct training on BCC for NGO outreach staff implementing targeted interventions among migrants																		
d.	Participate in program review meetings																		
1.2.3	Assist in development and use of BCC planning, management, and monitoring job aids					5													
a.	Develop a BCC program reference guide-job aid to guide IEC officers in planning, managing, monitoring and evaluating BCC campaigns and activities				BCC Reference guide developed.														The reference guide is to serve as a standard operating guide (a job aid) for IEC officers at national, state, and district levels on planning, implementation, and M&E of BCC activities; this will include engaging a consultant who will work closely with NHCRSC and with selected state(s)
b.	Orient national and state IEC officers on BCC program reference guide				National and state IEC officers provided with the guide and oriented on content and use														
2.1.1	Assist relevant ministries and divisions gather evidence needed for developing strategic SBCC plans and campaigns					8													
a.	Prepare monograph on promising BCC practices in HIV				Monograph completed and disseminated														

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months												Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
2.1.3	Support ministries, divisions develop AAPs and PIPs					1													
a.	NACO (multiple states through the NHCRSC and UPSACS)				State AAPs with IHBP assistance														NHCRSC to support multiple states plus IHBP to support UPSACS
2.1.5	Assist ministries, divisions develop integrated health BCC campaigns					4													<p>IHBP's assistance involves development of strategic plan, communication materials prototypes, media plan, implementation guidelines, and support for campaign rollout</p> <p>Campaign topics were approved by NACO Additional Secretary during a meeting on June 27, 2012; as per Additional Secretary instructions, IHBP will initiate preparations for the S&D health provider campaigns and the campaign on youth</p> <p>The campaign to increase demand for ICTC and PPTCT services will be discussed with NACO and campaign planning will happen in August–Sept 2013 and the rollout is expected to happen in the next Project Year</p>
a.	Develop campaign to address reducing S&D among health care providers for improved HIV care and treatment (see 4.4.1)				Campaign for health providers re S&D developed														
a.1	Assist NACO implement campaign on S&D addressing health providers				Develop mid-media and IPC tools to be used at the state level														
b.	Campaign targeting youth focusing on HIV prevention (see 4.4.1)				Campaign strategy approved targeting youth.														
c.	Planning for the campaign to increase demand for ICTC and PPTCT services				Campaign to increase demand for counseling and testing services														

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months												Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
2.1.6	Support to develop and implement a BCC strategy for migrant workers in select priority districts					1													The strategy will include possible BCC messages, channels, 360-degree approaches, etc.; the strategy development process will include conducting a workshop with stakeholders, reviewing the existing BCC materials segmented for each of the different target groups, and suggesting possible improvements
2.2.1	Develop new or adapt existing prototype materials for mass media, mid-media, and IPC				S&D campaign and youth materials development will begin in January 2013 so that the campaign can be launched in April 2013; ICTC and PPTCT campaign materials adaptation/development will take place in September 2013 and the rollout by November 2013	4													IHBP will hire an ad agency to assist in developing/designing campaign materials and prototype print materials based on strategies developed in 2.1.5
2.2.2	Develop/adapt IPC tools-materials for NGOs working with migrant communities																		IHBP will support UPSACS/TSU to develop innovative and interactive BCC materials for migrant communities, which will be used by the NGO outreach teams and mid-media troupes to engage the community and conduct IPC
a.	Design an HIV prevention mid-media campaign for five priority high migration districts																		
or																			
a.	Support with the Gorakhpur-Mumbai Train intervention																		

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months												Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
2.4.1	Support in M&E BCC campaigns					8													The M&E timelines will be harmonized with the date of campaign rollout; these recall studies will be undertaken after the mass media component media cycle is completed for each campaign
a.	Health care providers: Recall Study																		
a.	Recall study campaign targeting youth focusing on HIV prevention																		
b.	Support in evaluating BCC campaign for UPSACS																		

IV. Work Plan: October 1, 2012–September 30, 2013: Ministry of Women and Child Development

A. Background/Introduction

MOWCD is the nodal organization for implementing the ICDS scheme in India. Launched in October 1975, the ICDS scheme today represents one of world's largest and unique programs for early childhood development. Three of the five ICDS objectives directly address maternal and child nutrition, namely:

- To improve the nutritional and health status of children in the 0–6 year age group
- To reduce the incidence of mortality, morbidity, malnutrition, and school dropouts
- To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education

Evaluations of the ICDS program in various states indicate that knowledge gained through ICDS IEC activities has not effectively translated into improvements in health and nutrition behaviors in the community due to obstacles at the household, community, and system levels. This lack of improvement has resulted in poor health and nutrition outcomes.

The World Bank's International Development Assistance office aided the ICDS-IV/Reform Project by identifying some of the key reasons for the poor results in improved behaviors. Among these are erratic planning and implementation of IEC interventions within the ICDS; limited technical capacity of service providers as well as program planners; and lack of an evidence-based, focused IEC strategy that is flexible enough to be customized to address the specific communication needs of the communities.

B. IHBP Support for October 2012–September 2013

In line with IHBP's mandate to strengthen institutional and human resource capacity for BCC in MCH, IHBP will provide limited support to MOWCD. As agreed with MOWCD and USAID, IHBP conducted a rapid ONA of the organizational structure and capabilities for BCC with a focus on ICDS. The report has been shared with USAID and a presentation on the findings of the report has been shared with MOWCD. No further organizational assistance is planned.

IHBP has also provided assistance in operationalizing the NRP, a knowledge network initiated by MOWCD, as a BCC resource center and clearinghouse for BCC activities and materials. IHBP will continue to provide TA for the NRP through one IT consultant and to help market the NRP with a short-term coordinating consultant.

IR 1: Capacity Strengthened to Design, Deliver, and Evaluate Strategic Communication at National and State Levels

1.1 Outcome 1: Organizational structure, management systems and processes, and HR for SBCC strengthened at national and state levels

1.1.1 Conduct ONA for BCC

- a. In response to a need identified by MOWCD to undertake a third-party review of its current capacities in BCC at national, state, and district levels to meet the

requirements of ICDS, IHBP conducted an ONA of MOWCD. The study was completed in June 2012. The report was shared with USAID and a presentation was made to MOWCD officials on the key findings. No further support is planned.

1.1.2 Support BCC capacity strengthening through placement of consultants

- a. IHBP has recently placed two consultants at the NRP to provide TA. One long-term consultant (technical) will continue to support operationalization and maintenance of the IT infrastructure. The second short-term consultant position, the Chief NRP Coordinator, hired in October 2012, will work closely with the National Institute of Public Cooperation and Child Development (NIPCCD) and other relevant agencies and divisions of MOWCD to market the NRP and make it a known and relevant resource for nutrition.

1.1.3 Assist in promotion and strengthening of resource center

- a. IHBP has been providing limited assistance to MOWCD in the launch and operationalization of the NRP and in expansion of its reach through various forms of communication. The portal is now ready to be formally launched as an interactive, virtual, IT-enabled platform where stakeholders in nutrition can share their knowledge, experience, and resources, and evolve a process of scientific inquiry for newer evidence. The site can be accessed at <http://www.poshan.nic.in>.

IHBP will continue to provide support to NRP in its promotion to specific target audiences and in rolling out ICT innovations through NRP. Through its short-term consultant position (Chief Coordinator – NRP), IHBP will also help MOWCD forge partnerships for resource and knowledge sharing and thus make the resource center within NRP sustainable. Finally, IHBP will look for possible private or institutional resources to form a leveraging partnership for the NRP. (See VI – Leveraging).

MILESTONES AND WORK PLAN FOR IHBP: October 1, 2012–SEPTEMBER 30, 2013

Ministry of Women and Child Development

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months												Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
1.1.1	Assist relevant ministries and divisions conduct rapid ONA for BCC. Study completed and results shared with:				ONA report finalized and presented to MOWCD and USAID	8													This activity involved IHBP staff, short-term consultants, and a consultation workshop with external stakeholders
a.	MOWCD																		
1.1.2	Support BCC capacity strengthening through secondment of long-term consultants					1													
a.	Two consultants in NRP																		Chief NRP Coordinator contracted till March 2013 and one Technical Advisor – IT hired till September 2013
1.1.3	Assist various ministries establish BCC resource center					2													Through consultants, meetings with other stakeholders, assistance in promoting the resource center, and rolling out ICT, innovations will be facilitated
a.	Assist in promotion and strengthening of NRP				NRP formally launched; NRP strengthened as an interactive, virtual, IT-enabled platform where different stakeholders in nutrition can share the knowledge, experience, and resources, and evolve a process of scientific inquiry for newer evidence														TA support; MOWCD has budget for actual implementation

V. Work Plan: Oct 1, 2012–September 30, 2013: Knowledge Management

KM involves systematically and routinely creating, gathering, organizing, sharing, adapting, and using knowledge to help achieve project goals. KM supports IHBP's goal to improve government capacity to design, deliver, and evaluate strategic communication at all levels: national, state, and district. By improving access to and dissemination of best practices and successful SBCC activities, for example with stakeholders, KM supports evidence-based communication campaigns. In addition, KM activities disseminate accurate and appropriate information about technical areas and target audience behaviors so that it can be used to create campaigns and specific materials that produce stronger programs and improve health behaviors.

IHBP's KM goal is to ensure that information around SBCC flows and that knowledge is developed, shared appropriately internally across the program and externally to partners, and applied by institutions at the national and state levels and across selected districts in the state. Our KM objectives are to:

- Be a definitive resource for SBCC information in India
- Disseminate state-of-the-art information on SBCC and IHBP lessons learned
- Facilitate broader knowledge sharing around SBCC using communities of practice, workshops, exchanges, and meetings

1. Updating the Project Website and Promoting It as an Active Channel for Strategic Communication

IHBP is responsible for keeping the information updated on project website, including key elements of strategic communication in the project, BCC and IEC materials developed and used, advocacy approaches, success stories, and training manuals and guidelines. The project website will also be updated per a defined schedule (dynamic content), approved content, and an approval policy. The content will be sourced from staff, partners, and other stakeholders, and technical maintenance will be the responsibility of an ICT agency (as per their Annual Maintenance Contract).

2. Produce and Disseminate IHBP Quarterly Newsletter

A newsletter editorial panel has been constituted in the project to approve the theme of quarterly newsletters and to assign content focal points. The draft text is edited and typeset in newsletter template before sending the final draft to the USAID Contracting Officer's Representative for approval. The approved newsletter is disseminated to stakeholders, including partners. In Year 3, the website will be used as the channel for dissemination of quarterly newsletter.

3. Use and Recommend Innovative Media for Behavior Change Counseling and Knowledge Sharing and Dissemination

A review of mHealth innovations was conducted in Year 2. Meetings were then held with potential service providers for ICT to identify a range of possible applications. In Year 3, selected innovations will become integral components of BCC and IEC materials developed by the project. One or two agencies will be contracted in first quarter of Year 3 to develop mobile applications for use in materials development for national campaigns (NACO and MOHFW) and also for use in grant activities at district/block level.

The new media will also be promoted via TA activities to ministries and government bodies. One or two agencies will be contracted in first quarter of Year 3.

4. Support Ministries and Government Bodies in Setting/Strengthening IEC/BCC Resource Centers

An important KM function is to provide TA to ministries and government bodies in start-up and operationalization of the IEC/BCC resource center. IHBP will continue to support MOWCD through the launch (expected in November 2012) and operationalization of a NRP (limited support with two consultant positions placed in MOWCD).

As one of the key element of IHBP's support to NACO for the NHCRSC, IHBP will assist in start-up and operationalization of the resource center (comprising both physical and digital library) at the NHCRSC. **The multiple** components of the support will include (the activities under these components may also be completed parallel):

- a) Component I (through an ICT agency): digital library design and development, including migrating the digital library with relevant databases onto the designated server
- b) Component II: collection, collation, classification and cataloguing of IEC material
- c) Component III (ICT agency/NHCRSC staff): digitalization of IEC material (print/audio-visual materials, etc.) – only those not available in editable soft copies

5. Dissemination of Project Reviews, Reports, and Materials

During Year 2, IHBP conducted desk reviews and compiled summaries of “Good Practices in BCC” for HIV/AIDS, TB, FP, and MH. The project also conducted rapid ONAs and distilled evidence for use in developing key messages for BCC campaign materials.

During Year 3, the final year of the base period, IHBP will prepare monographs and summary briefs from these documents to be used within IHBP and GOI workshops and for dissemination through the website, workshops, and meetings with key influential partners (potential leveraging partners, MOHFW officials, etc.). An end-of-year workshop will be held to document and disseminate key accomplishments.

MILESTONES AND WORK PLAN FOR IHBP: October 1, 2012–SEPTEMBER 30, 2013

Cross-Cutting: Knowledge Management

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months												Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
1	Update and promote project website				Project website updated regularly														
2	Produce and disseminate IHBP quarterly newsletter				Newsletter generated and shared with stakeholders on a quarterly basis														
3	Develop, promote, and use innovative media for counseling on behaviors change and knowledge sharing and dissemination – <ul style="list-style-type: none"> Identify and contract agency(ies) for development of mobile applications for BCC campaigns Use innovative media to disseminate IHBP products 				Innovative tools, e.g., blogs, mobile apps, e-discussion forums integrated in BCC/IEC materials (IHBP/TA to ministries and government bodies)														
4	Support ministries and government bodies in setting/strengthening IEC/BCC resource centers (virtual and/or physical): <ul style="list-style-type: none"> NRP technical and marketing support NHCRSC digitization and virtual resource center development and maintenance 				Improved functioning IEC/BCC resource centers:														
5	Documentation: prepare and disseminate key project reviews and documents as monographs, briefs, and brochures for use in project workshops and meetings; possible end Year 3 conference																		

VI. Work Plan: July 1, 2012–September 30, 2013: Leveraging

During the proposal stage, the IHBP team identified a number of innovative public-private partnership (PPP) and leveraging ideas that had been discussed with business sector leaders and organizations, such as the Federation of Indian Chambers of Commerce and Industry (FICCI) and the Confederation of Indian Industry (CII). The project's approach to leveraging will endeavor to forge partnerships within a "win-win" setting with commercial companies, civil society organizations, government institutions, international and national donors, and the media.

To date the project has been acquiring limited leveraging. A comprehensive desk review was undertaken to map out the current environment for PPP in the project's four health focal areas (HIV/AIDS, FP/RH, MCH, and TB). However, during the suspension of AED and restriction of most its activities that was followed by the USAID requested slowdown when the UP state focus was removed and an alternative state was being decided, IHBP was unable to establish the underpinnings of a successful leveraging activity. Important prerequisites include implementation activities and a focus state that could be "marketed" to the commercial sector. At this juncture, IHBP has helped government by developing MH and FP campaigns. These activities in the Empowered Action Group (EAG) states and some targeted district-level activities should help the momentum of leveraging increase.

During Year 3, IHBP will work with the commercial sector within the parameters of two general approaches: working with corporate social responsibility programs that are interested in investing in national- or state-level activities and developing sustainable "win-win" situations wherein a company can expand the commercial availability of its relevant health products or services that are a part of its core business, in collaboration with the project and USAID.

1. Outcome 1: Full-time IHBP leveraging staff hired and local consultants as needed by FHI 360

Based on the approved budget and staffing pattern, IHBP has recruited the Senior Private Sector Advisor, who came on board in October 2012. In addition, FHI 360 headquarters leadership for leveraging will be provided by a senior consultant (replacing the previous consultants that for various reasons were not able to continue their consultancies). The Senior Private Sector Advisor, along with the consultant, will make up the core team that will be supported, as required, by local consultants with specific expertise or attributes that will further the leveraging agenda.

2. Outcome 2: Strategy developed and validated through consultation with potentially interested partners

The three activities in this outcome will set the stage for the leveraging program over the remainder of the project. In Year 1, a desk review was conducted by Sorrento Health that addressed the current situation in India related to corporate social responsibility, PPPs, and the potential mechanisms to engage the private sector in additional health programming. This study will be reviewed and updated in Year 3, along with a mapping of the various kinds of private sector organizations to identify the possible areas of collaboration. This will be the foundation from which the leveraging strategy will be developed.

A private sector leveraging strategy will be developed by the project staff, local and/or international consultants, and/or a local firm. The strategy will include which types of non-public sector firms/organizations to target, identify specific organizations where success might be more possible, identify strategic approaches to success with various types of organizations, and identify marketing materials required and a timeline for implementation. As organizations buy into leveraging activities, MOUs will be developed with clear understanding on the expectation of each organization.

These firms/organizations could include companies wishing to collaborate with the project as a part of their corporate social responsibility plans, pharmaceutical companies that wish to adopt some of the key health messages to promote their products, NGOs, microfinance institutions, other donor-funded projects, and/or various corporate umbrella organizations, such as FICCI and CII. There exists an opportunity to develop and integrate health programming content in the mainstream news and entertainment media, such as popular television soaps, Hindi and regional cinematic films, magazines and newspapers, and in the online media space. To target this opportunity, it is also proposed to develop another RFP to facilitate working with entities, such as a public relations firm.

3. Outcome 3: Implement leveraging strategy that targets health-related support at the national or state level and that includes private, commercial, and nonprofit sectors and government contributions and document contributions

Activities under this outcome will include a wide range of efforts that will be elaborated on in our strategy submission. A few examples of mechanisms to start leveraging activities include seed money for new activities, matching funds to increase coverage and dissemination of messages by sales forces, and sharing or providing BCC materials and messages that can be disseminated through private sector networks and TV programs.

Potential leveraging might include cash contributions that can be programmed for a transport program for facility-based deliveries; free truck messaging; adding health messages into existing health initiatives; additional mass media programs contributed for national airing by government; working with commercial organizations to develop low-cost products and expanding access for them; in-serial messaging through private TV channels; sponsoring online SBCC training courses; expanding health initiatives at the workplace to create partnership hubs of small industries/organizations supported by a large organization to ensure sustained preventative health services (AIDS counseling and testing; immunization for mothers and children, oral rehydration therapy/zinc, etc.); having local NGOs and alliances tap their volunteer networks to further communicate health messages with target audiences; and development of a fellowship program to provide academic training.

Opportunities have also been identified to engage the private and the nonprofit sector in the work that is currently being rolled out with the government under the four program elements: FP/MH, HIV/AIDS (NACO), TB (CTD), and MCH. For example, there is an opportunity to seek active engagement of an academic institution/corporation in the area of nutrition to support the NRP developed by IHBP for MOWCD. This partnership would ensure the maintenance, routine updating, and utilization of the digital library, e-forum, and the mobile telephony components, and contribute to the leverage efforts while helping put in place a sustainability strategy for the NRP.

MILESTONES AND WORK PLAN FOR IHBP: October 1, 2012–SEPTEMBER 30, 2013

Cross-Cutting: Leveraging

Key Activities		Level			Expected Output (Milestone)	AMP Indicators	Months												Remarks
Sl. No.	Description	National	State	District			Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	
1.1	Hire staff after USAID approvals				Staff hire letter signed														
1.2	Headquarters consultant travels to India to conduct consultative meetings with potential partners																		
1.3	Review and update desk review of current environment for PPPs conducted in Year 1 Map various kinds of private sector organizations and potential reasons to collaborate with the program																		Hire local consultant, if needed
2	Develop the private sector leveraging strategy based on meetings, research reports, and contacts				Strategy finalized														Project staff, international and local consultants as needed
3.1	Develop and issue an RFP for a PR agency to work with media to develop and place health-related content and key messages in existing channels, such as TV soaps, Hindi and regional cinema, newspapers and magazines, and online media				PR firm identifying media contacts and MOUs signed														
3.2	Continue meetings, develop relationships and MOUs to clarify roles, responsibilities, and contributions				MOUs with organizations														Local consultants hired on an as-needed basis to help target specific organizations or industries
3.3	Document contributions of cash and in-kind activities conducted by leveraging partners				Quarterly documentation of activities conducted and dollar value attributed submitted with USAID quarterly reports														

Annex 1: Research Studies: October 2012–September 2013

#	Title	Objective	Type of Research	Responsibility	Timeline
1	Operations research on community mobilization through social networks (self-help groups or SHG)	To examine the effectiveness of using a social networking group (SHG) to disseminate FP/MH related information to the hard-to reach and socially excluded populations in the community	Quantitative	Population Council	Jan to April 2013
2	Operations research on male involvement in FP/MH through use of mobile phone	To assess the effectiveness of sending messages to males via mobile phone with increased spousal communication and male involvement in FP/MH	Quantitative	Population Council	March to June 2013
3	Recall study of FP and MH campaigns	The study will determine the percent of the target population who could recall the campaign and messages. It will also try to understand their intentions to act upon those messages.	Quantitative	IHBP	Feb/March 2013
4	Recall study of youth campaign	The study will determine the percent of the target population who could recall the campaign and messages. It will also try to understand their intentions to act upon those messages.	Quantitative	IHBP	TBD
5	Recall study of Campaign for health providers, general population and PLHIV on S&D.	The study will determine the percent of the target population who could recall the campaign and messages. It will also try to understand their intentions to act upon those messages.	Quantitative	IHBP	March to April 2013
6	Formative research on diagnostic delays and treatment seeking behavior in TB among urban population	To probe barriers and facilitators surrounding delays in seeking diagnosis for TB and continuing treatment among urban populations	Qualitative	Population Services International (PSI)	March to June 2013
7	Recall study for Campaigns and mid-media activities with migrant population to increase awareness on safe sex, STIs and HIV in Uttar Pradesh	Working closely with UPSACS and NACO this study will determine the percent of the target population who could recall the campaign and messages. It will also try to understand their intentions to act upon those messages.	Quantitative	IHBP	TBD
8	Process Evaluation in pilot districts	Approaches of the grants implementation will be evaluated for possible expansion of the program.	Qualitative and Quantitative	IHBP	August 2013
9	Process Evaluation of state roll out FP and MH campaign	The state level implementation processes will be evaluated for further modification	Qualitative and Quantitative	IHBP	May 2013

Annex 2: Subcontractor Scopes of Work: October 2012–September 2013

Population Council

1) Place one M&E Specialist full-time to the Delhi office from August 2012–July 31, 2013.

2) Conduct two operations research studies as follow and limited to the approved costs in the approved budget:

- community mobilization through self-help groups
- male involvement on FP/MH through use of mobile phones

IHBP staff will review and approve the research proposals for these studies and monitor data collection.

3) Adapt an existing manual for training state and district IEC and M&E Officers in M&E of BCC. This will be adapted from the existing manuals that Popcouncil has used. IHBP will review and approve this manual.

4) Conduct training of 25 master trainers for the NIHFV in M&E of BCC using the manual. This is a one-time training for 3 days.

5) Facilitate training of district IEC officers by BCC M&E master trainers at state level and in 2 IHBP pilot districts in Uttar Pradesh. This is a one-time training in each district, for 2 days with 20–25 participants.

6) Senior field staff to participate in project planning and review meetings monthly.

Population Services International

1) Place one BCC Specialist to work full-time in the IHBP Delhi Office until July 2013.

2) Finalize and present urban TB desk review conducted in 2012 and, if agreed by CTD, conduct formative research to investigate barriers and facilitators to early diagnosis and treatment completion on TB among urban populations, with a focus on private providers.

3) Participate in development of urban TB ACSM strategy, including a one day consultative workshop

4) Design and develop mHealth tool for private providers for TB

5) Participate in project review and work planning meetings.

Project Concern International (PCI)

It is envisaged that PCI will provide community mobilization support to IHBP NGOs for roll out and quality implementation of community level activities to be implemented under the IHBP Grants Program. PCI's technical role in Grants will include the following:

1. PCI will hire in each of the four IHBP pilot blocks in UP one block training coordinator and one M and E officer per block. They will be key to the on- the- ground implementation activities listed below.

2. Provide training in community mobilization, interpersonal communication, use of IHBP developed communication tools, supportive supervision and reporting requirements to different categories of stakeholders like PCI field team (8-10 participants), NGO staff (12 project coordinators, 40 field staff) and government frontline service providers like ASHAs (150 – 200) and ANMs (35-40).
3. Conduct orientation for government district and block functionaries in GOI's Family Planning and Maternal Health Campaigns developed by IHBP.
4. Conduct one day sensitization/advocacy meetings at block level with community volunteers and influential stakeholders like religious leaders, panchayat members, self-help group leaders, school teachers, members of local alliances and networks etc – 2 per project village, approx. 400 participants in all.
5. Provide supportive supervision to IHBP funded **NGOs** through on-site mentoring, monitoring, bi – monthly review meetings and regular feedback. This will be complemented by IHBP's grant manager and technical staff.
6. In collaboration with IHBP document processes, achievements and challenges in field implementation of IHBP Grants through comprehensive process documentation.
7. Plan and implement a reward and recognition system for NGO workers, service providers, community volunteers and champions. Organize one large scale Reward and Recognition event in the two IHBP districts by August 2013.
8. Report to IHBP on progress of field activities through qualitative Monthly Progress Reports (MPRs), detailed Quarterly Progress Reports (QPRs) and Quarterly Expenditure Reports (QERs) as specified in their approved work plan and subcontract agreement.
9. Support FHI 360 in establishing and maintaining good linkages with government, private institutions, development partners and relevant alliances at district and below levels.
10. Participate in IHBP review and work planning meetings at state and national levels.

Annex 3: SOWs of Consultants

SOW of consultants proposed for placement in MOHFW and MOWCD October 2012 to September 2013

MOHFW, IEC Division

1. **Consultant (BCC capacity building):** Consultant will be responsible for assisting IEC Division coordinate capacity building activities with NIHFW, program divisions and development partners. He/she will lead planning and management of all capacity building in BCC for MOHFW, including providing assistance in setting up a BCC resource center.
2. **Consultant (BCC Planning and coordination):** Consultant will provide assistance in designing BCC strategy and campaigns. He/ she will assist the IEC Division to coordinate with program divisions and development partners in developing campaign messages, will provide creative guidance to the creative agencies for campaign materials and will assist in supervising quality of BCC products (AV, print, software, etc.).
3. **Consultant (media management):** Consultant will coordinate with media buying agencies and media analysis firms on a regular basis to get TRP ratings, TAM scores, and circulation figures for various periodicals and programs. He/ she will support the IEC Division assessing the suitability of media, programs and timings for specific campaign materials and assist in giving guidance to DAVP for placement of AV and print products.
4. **Consultant (BCC M&E):** The consultant will assist IEC Division in planning, implementing and managing evaluation of mass media, mid-media and IPC campaigns. His/her SOW will include coordinating with program divisions, development partners and data collection agencies in determining terms of reference for evaluations, ensuring high quality data collection tool, review of evaluation reports and sharing with relevant stakeholders in the Ministry.

MOHFW, Central TB Division (CTD)

5. **Consultant (BCC capacity building):** Consultant (BCC capacity building) will be responsible for assisting CTD coordinate capacity building activities and will lead planning and management of all capacity building in Advocacy, Communication and Social Mobilization (ACSM) for CTD.
6. **Consultant (BCC campaigns):** Consultant (BCC campaigns) will provide assistance in designing BCC campaigns and media planning. He/ she will support the CTD in developing campaign messages, give creative guidance to the creative agencies for campaign materials and will assist in supervising quality of BCC products (AV, print, software, etc.). He/ she will support the CTD coordinate media planning with IEC Division.

MOWCD, Nutrition Resource Platform

7. **Chief Coordinator (NRP):** The Chief Coordinator will work closely with MOWCD and NIPCCD to provide technical support and guidance, with oversight from IHBP, in the start-up, operationalization and strengthening of NRP.

8. **Consultant – IT, NRP:** This position will provide technical support, with oversight from IHBP, in the start-up, operationalization and strengthening of NRP's IT infrastructure. He/she will serve as administrator of NRP's IT infrastructure (both hardware and software elements) and ensure its smooth functioning; will include management of servers, IVRS connections (if need be), software programs, hardware and software tools etc.

National Institute of Health and Family Welfare

9. Consultant at NIHFW: Consultant for assessment of Public Health Museum will be placed at NIHFW from January 2013 to March 2013. The consultant is expected to support NIHFW in assessment of Public Health Museum to identify resources needed to set up resource center and to support NIHFW in dissemination meeting and planning a detailed activity plan for setting up BCC resource center.

IMPROVING HEALTHY BEHAVIORS PROGRAM SOW of consultants proposed for placement with NACO October 2012 to September 2013

National AIDS Control Organization (NACO)

Placed in NACO IEC Division

1. Account Director (Media): Accounts Director Media will be responsible for assisting NACO in client management, which will include building strong relationships with vendors, manage and mentor the client servicing team of the creative partners/agencies consisting of account executives, media planners and account coordinators, campaign management including managing campaign budgets. He/she will also lead planning 360 degree multimedia campaigns on the services being provided by NACO.
2. Creative Development Officer: Creative Development Officer will work in close coordination with the IEC Division team in NACO. S/he will be responsible for materials being developed in-house by the IEC Division; supporting in areas of content development, designing communication materials and documents. (Pending approval by NACO)

Placed in UPSACS IEC Division

1. BCC Consultant: He/she will work in close coordination with the UPSACS IEC team and will assist in planning 360 degree campaigns on the BCC areas to be taken up by the UPSACS.

NHCRSC team

1. **National Coordinator (NHCRSC)*:** The National Coordinator will be overall Team Leader and will be required to supervise and guide the NHCRSC team to ensure fulfillment of objectives of NHCRSC. The National Coordinator will provide strategic direction /guidance and lead on developing the workplan for the IEC Division at NACO and the NHCRSC workplan. S/he will be responsible for the overall implementation of the NHCRSC activities as per agreed timeline. The National Coordinator will be required to guide and assist in program planning and support to State AIDS Control Societies (SACS). The National Coordinator will assist the Joint Director (IEC), NACO in conducting Quarterly / half yearly and annual reviews of SACS IEC program. The National Coordinator will represent the NHCRSC in meetings and forums and will work closely with external partners including UN agencies, INGOs and other bilateral technical assistance agencies.
2. **Manager Communication Planning & Support:** The Manager Communication Planning and Support will provide guidance and supervise the Program Officers- Mid-media, Capacity Building; and Regional Communication Officers. S/he will support to NACO and SACS in developing Annual Action Plan, on BCC inventory planning, capacity building, forecasting and distribution of BCC products; support in implementation of Annual Action Plans and mid-media and community mobilization activities.
3. **Repository Manager:** S/he will provide technical support, with oversight from IHBP, in the start-up, operationalization and strengthening of NHCRSC's Library and Digital Resource Centre. The Repository Manager will provide guidance and supervise BCC Product Sourcing Officer and ICT Officer who for the Resource center team. H/she will ensure sourcing of BCC materials plus other HIV related studies, researches, evidences from various organizations and agencies working in HIV/AIDS in India and, where, relevant key global studies and supervise categorization/ classification of new reference materials and existing materials with different divisions in NACO, SACS and other development partners including new publications, journals, clippings received in the resource center. Keeping the repository updated and useful for the program is a key responsibility of the Repository Manager
4. **Manager Content Development:** S/he will lead design and development of mid-media, below the line (BTL) and inter-personal communication (IPC) products for IEC/BCC interventions in NACO. S/he will contribute to providing assistance needed by State AIDS Control Society (SACS) in customizing mid-media, BTL and inter-personal communication (IPC) products for national level campaign, so that synergies can be attained with mass media for a 360-degree campaign for behavior change.
5. **Manager Mass Media:** The Mass Media Manager will lead design and development of mass media campaigns and will provide inputs for developing and designing IEC/BCC materials and manage communication interventions for prevention, care, support and treatment of HIV/AIDS.

6. BCC Product Sourcing Officer: The BCC Product Sourcing Officer will be responsible for identifying and sourcing BCC materials for NHCRSC from various organizations and agencies working in HIV/AIDS in India and others, where applicable.
7. ICT Officer: The ICT Officer will provide technical support, with oversight from IHBP, in the start-up, operationalization and strengthening of NHCRSC IT infrastructure. He/she will serve as administrator of NHCRSC's IT infrastructure (both hardware and software elements) and ensure its smooth functioning; will include management of servers, IVRS connections (if need be), software programs, hardware and software tools etc. S/he will be responsible for all digitization activities to be taken under/for NHCRSC- including coordination with third party vendors, if need be for routine maintenance and management of the NHCRSC infrastructure and will impart technical training to NHCRSC users, as and when advised
8. Program officer (mid-media): The Program Officer Mid-Media will lead design and development of mid-media, below the line (BTL) and inter-personal communication (IPC) products for IEC/BCC interventions in NACO. S/he will contribute to providing assistance needed by State AIDS Control Society (SACS) in customizing mid-media, BTL and inter-personal communication (IPC) products for national level campaign, so that synergies can be attained with mass media for a 360-degree campaign for behavior change.
9. Program officer (Capacity Building): The Program Officer Capacity Building develop and implement training plans in BCC for NACO and SACS; develop training and learning materials; BCC job-aids; Undertake training of trainers; monitor and supervise BCC trainings at national and state levels.
10. Technical Officer (Research and Evaluation): The Technical Officer Research and Evaluation will coordinate the research studies and the evaluation component of the BCC activities. S/he will assist NACO in planning, implementing and managing evaluation of mass media, mid-media and IPC campaigns. His/her SOW will include coordinating with program divisions, development partners and data collection agencies in determining terms of reference for evaluations, ensuring high quality data collection tool, review of evaluation reports and sharing with relevant stakeholders in NACO.
11. Documentation Officer: Documentation Officer will be responsible for all documentation requirements of NHCRSC. S/he will be responsible for promoting HIV/AIDS related communication by documenting case studies, photo documentation, preparing quality presentations, donor and internal reports etc. The Documentation Officer will organize dissemination meetings and conferences as needed/planned by NHCRSC/NACO.